

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Robbins* Town *abfott* County *Sonchester* MARYLAND
Date of death *1909* Month *June* Day *22* Age *2* Years Months *2* Days *2*
Sex *Female* Color or Race *white* Birthplace *Robbins*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Carl Abbott* ✓ Father's Birthplace *Seeds Island*
Mother's Maiden Name *Ida Robbins* Mother's Birthplace *Robbins*
Name of person giving Information *Emma Gore* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Unknown to attendance* How long *179*
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Physician in attendance

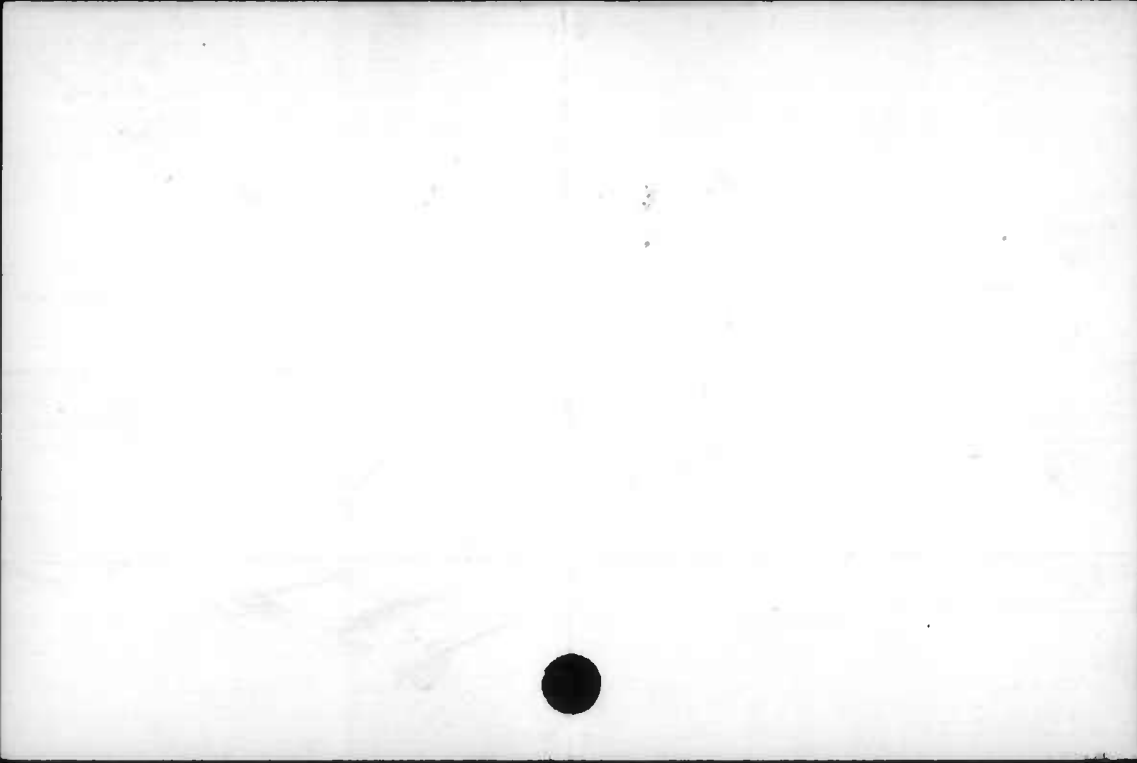
Wm H Hittchett J D

Subregister Bishop Head m d

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

Emily A. Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	June	Day	1
Age	9		Years	Months	5
Sex	Female		Color or Race	White	
Occupation	Child		Birth-place	Maryland	
Where Residing if not at place of death			Cambridge Md		
Married, Single or Widowed	Single		Name of Wife or Husband	Arthur K. Austin	
Father's Name	Arthur K. Austin		Father's Birthplace	Maryland	
Mother's Maiden Name	Barlyn Mace		Mother's Birthplace	Maryland	
Name of person giving Information	Arthur K. Austin		How related to deceased	Father	

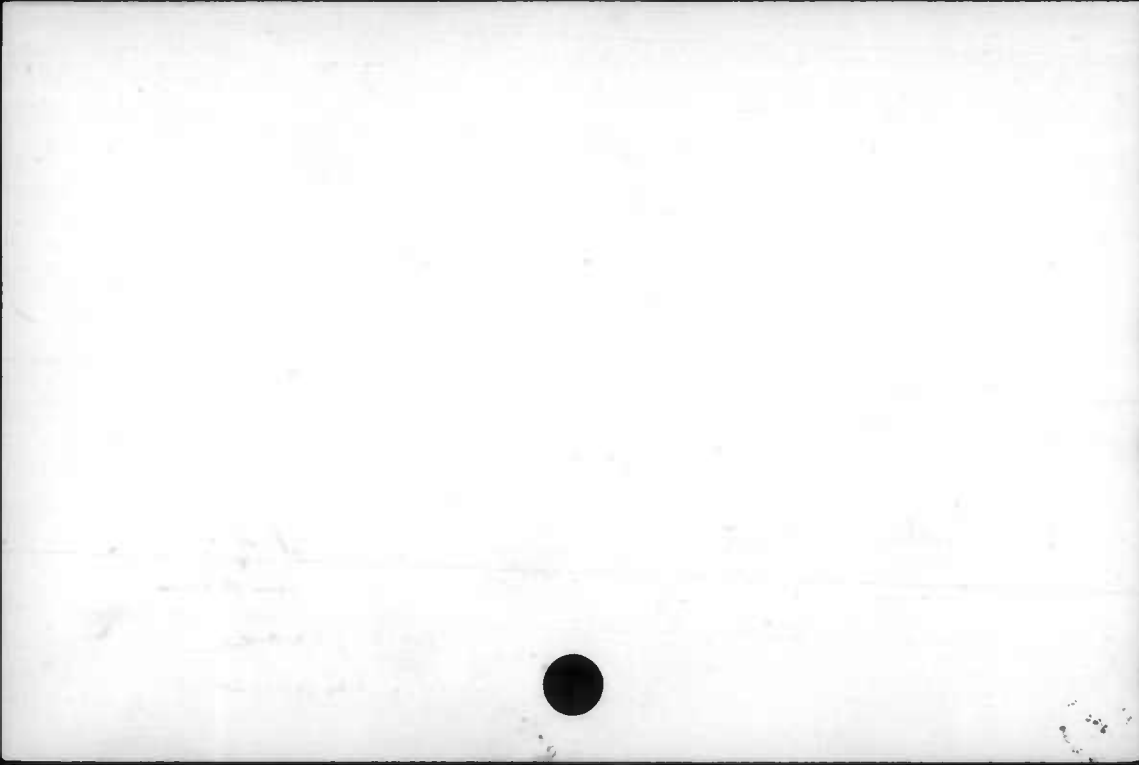
CAUSES OF DEATH

105

Primary	Enter Cause	How long	1 week
Immediate	Exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John Mace	
Address		Cambridge	
Accident or Suicide		no	

PHYSICIAN
OR CORONER

1



Name
in
Full

Wilson Burrows

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cambridge County Dorchester MARYLAND

Died at Cambridge

Date of death 190 9 Month June Day 6 Age — Years — Months 3 Days —

Sex Male Color or Race Black Birth-place Cambridge

Occupation Infant Where Residing if not at place of death —

Married ~~Single~~ Single Name of Wife or Husband —

Father's Name William Burrows

Mother's Maiden Name Laura Moore

Name of person giving Information Laura Burrows

Father's Birthplace Cambridge

Mother's Birthplace Bucktown

How related to deceased Mother

CAUSES OF DEATH

Primary Thrush How long 6 days

Immediate 11 How long 11

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

No physician
Examiner - E. M. M. M. M.
Justice of the Peace

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma E. Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date of death 1909 ^{Month} June ^{Day} 14 ^{Years} Age 57 ^{Months} 7 ^{Days} 14

Sex Female Color or Race White Birth-place Maryland

Occupation House Keeper Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Widowed Name of Wife or Husband Charles D. Cannon

Father's Name Daniel Cannon Father's Birthplace Maryland

Mother's Maiden Name Rebecca Brown Mother's Birthplace Maryland

Name of person giving Information Charles H. Cannon How related to deceased Son

CAUSES OF DEATH

10

PHYSICIAN
OR
CORONER

Primary La Grippe How long Some weeks

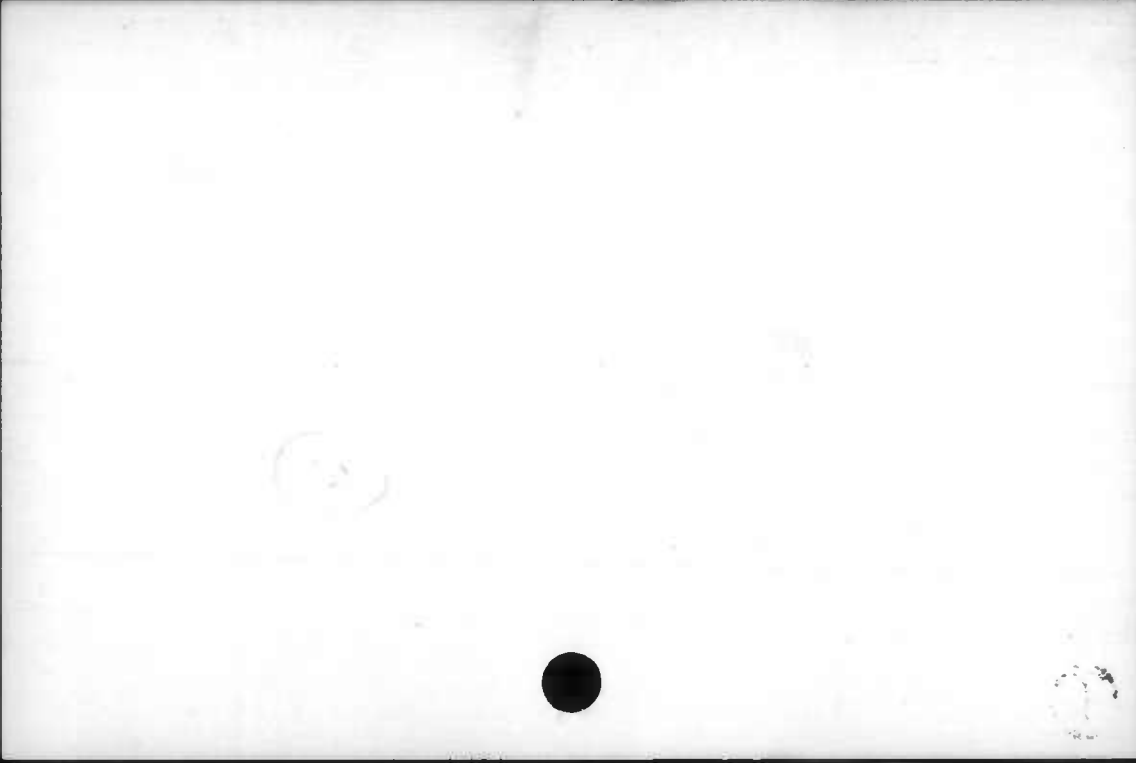
Immediate Chronic Nephritis How long 3 1/2 mos.

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician E. E. Woeff

Address Cambridge, Md.

Accident or Suicide



Name
in
Full

Ardella Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thompson town</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>6</i>	Day <i>2</i>	Age <i>37</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Thompson town</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo W. Coleman</i>				
Father's Name <i>William B Thompson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Atkinson</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>William T Thompson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary T. B. relighted by La Grippe</i>	How long <i>About one year</i>
Immediate <i>General anthermia ^{make} & violent coughing</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Horbough M.D.</i>
	Address <i>East New Market.</i>
Accident or Suicide	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

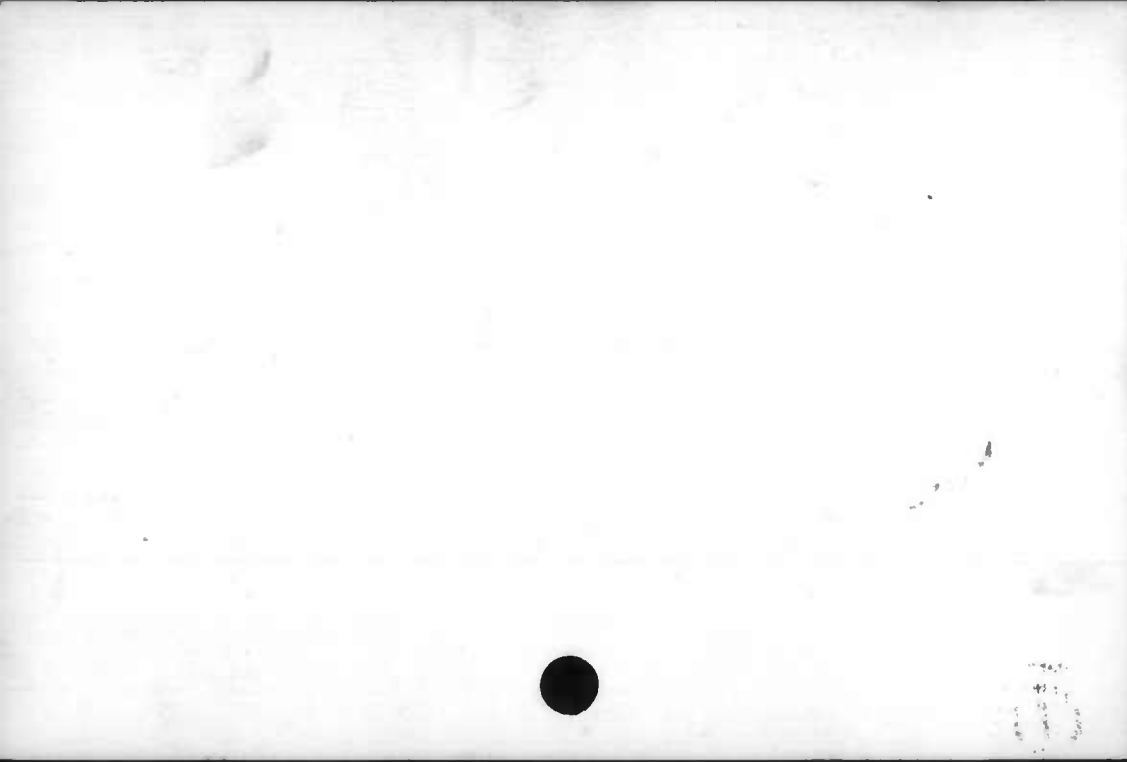
Name <i>George Marshall Coleman</i>		Town <i>Thompsontown</i>		County <i>Dor Co</i>		MARYLAND	
Died at <i>Thompsontown</i>		Month <i>6</i>		Day <i>11</i>		Years <i>0</i>	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>11</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Dor Co</i>		Days <i>4</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Thompsontown</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>George W Coleman</i>		Father's Birthplace <i>Dor Co</i>					
Mother's Maiden Name <i>Ardela Thompson</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving Information <i>George W Coleman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OF CORONER

Primary <i>Tuberculosis inherited from mother at birth</i>		How long <i>at birth</i>	
Immediate <i>Marasmus</i>		How long <i>2 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H V Dr. H. H. Dr. H. H. Dr. H. H.</i>	
		Address <i>East New Market</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Clarence Cornish
Cabin Creek

Dorchester

MARYLAND

Date

of death 1909 June 11

Month

Day

Years

Age

Months

Days

Sex

Male

Color or
Race

African

Birth-
place

Cabin Creek

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Child

Name of Wife or
Husband

Child

Father's
Name

Isaac Cornish

Father's
Birthplace

Cabin Creek

Mother's
Maiden Name

Nellie Cornish

Mother's
Birthplace

Cabin Creek

Name of person giving
In formation

Isaac Cornish

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

7 days

Immediate

Cholera Infantum

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

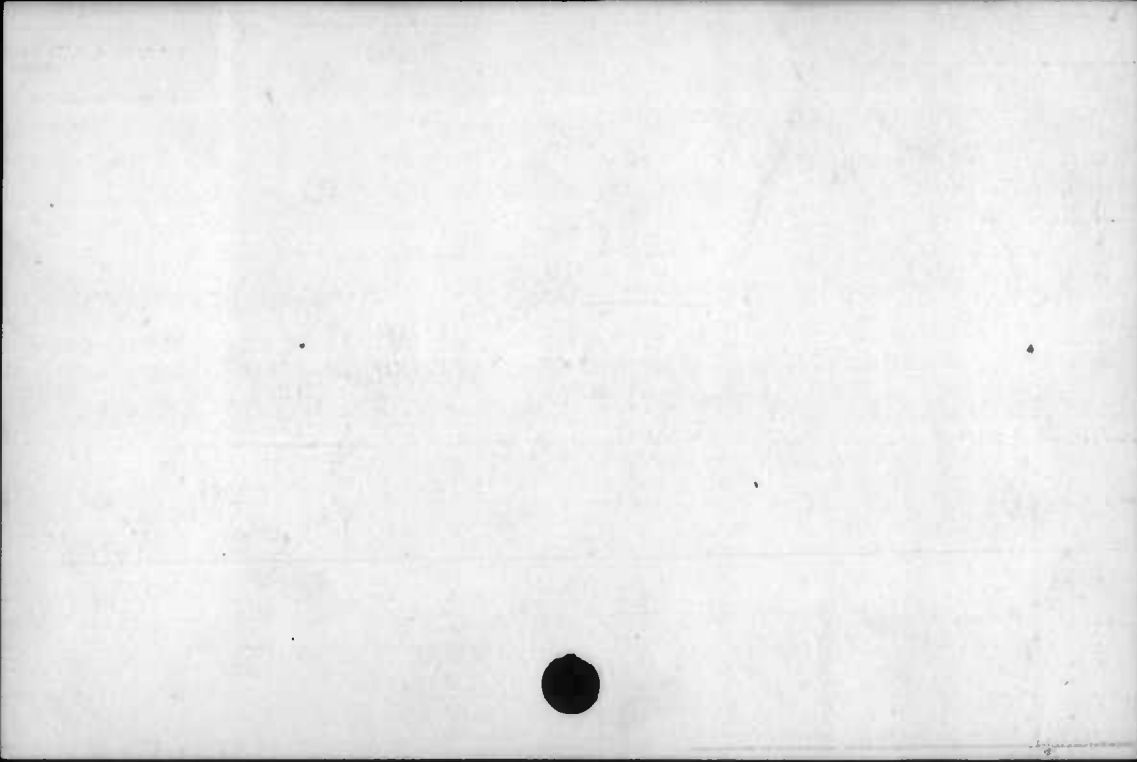
E. S. Fleming

Address

Dorchester Md

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

Hattie E. Cornish

TO BE ANSWERED BY
NEAREST FRIEND

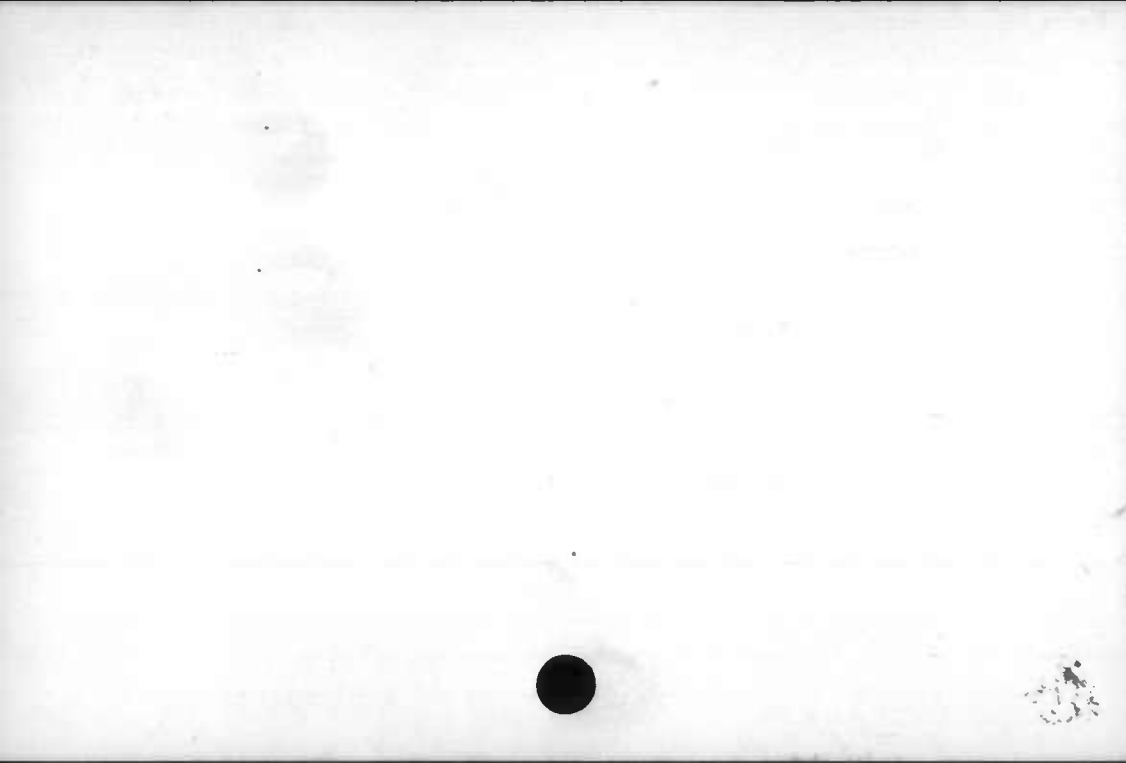
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	19	Age	21		
Sex	Female		Color or Race	African		Birth-place	Md.
Occupation	Housework		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Sam E. Hicks				Father's Birthplace	Md.	
Mother's Maiden Name	Celestia Cornish Lane				Mother's Birthplace	Md.	
Name of person giving Information	Wm. H. L. Cornish				How related to deceased	brother.	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Puerperal Septicaemia	How long	1 week.
Immediate	Exhaustion	How long	1 day.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joe B. Shriver Jr.
		Address	Taylor's Island
			Md.
Accident or Suicide			



Name
in
Full

Maggie Connish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

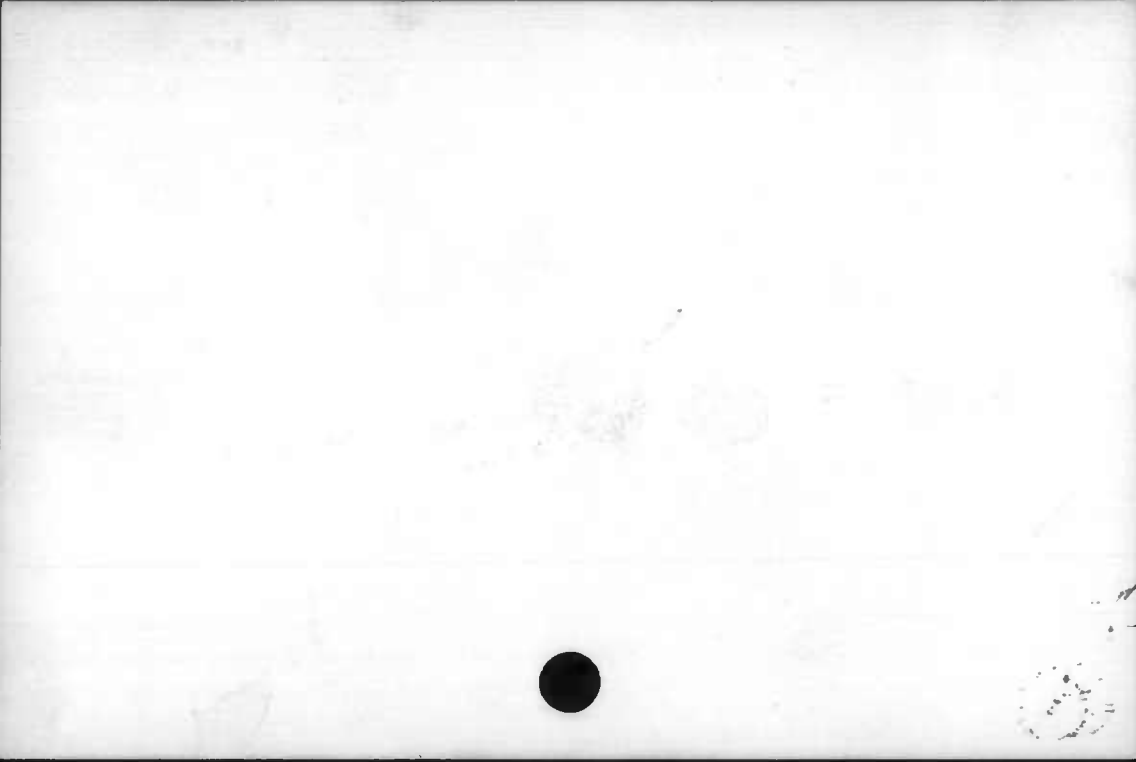
Died at <i>Taylor & Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>June</i>	Day <i>22</i>	Age <i>—</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Jonas Brown</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Maggie Connish</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>John H. Wilson</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>4 wks</i>
Immediate <i>Exhaustion</i>	How long <i>1 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jo. K. Shriver Jr.</i>
	Address <i>Taylor & Island</i>
Accident or Suicide <i>—</i>	<i>Dor. Co. Md.</i>



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sena Hornumport

CERTIFICATE OF DEATH

Died at

Cambridge

Town

County

Worcester

MARYLAND

Date

of death

1909

Month

June

Day

22

Age

Years

Months

Days

Sex

Female

Color or
Reca

white

Birth-
place

Cambridge

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Jos. Hornumport

Father's
Birthplace

Mass.

Mother's
Maiden Name

Mattie Willey

Mother's
Birthplace

Mass.

Name of person giving
Information

Mattie Hornumport

How related
to deceased

Mother

CAUSES OF DEATH

(151)

Primary

Fracture

7 1/2 inch chisel

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Ys

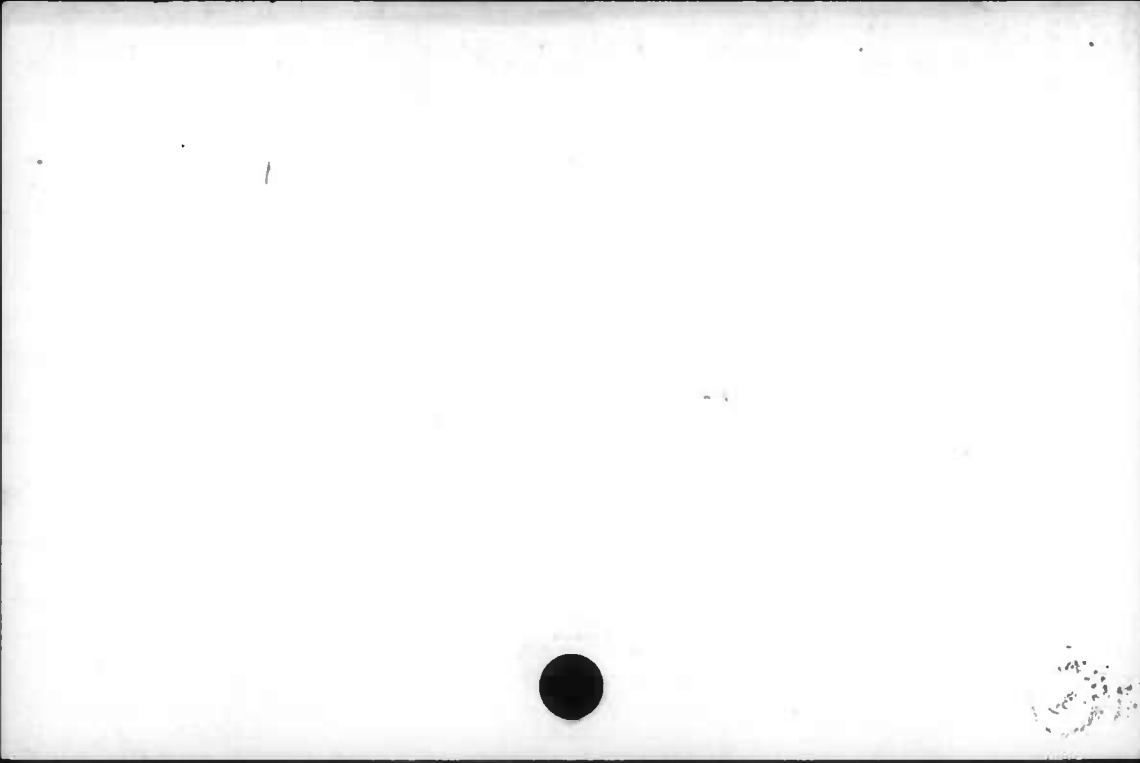
Signature of
Physician

Guy H. H. H.

Address

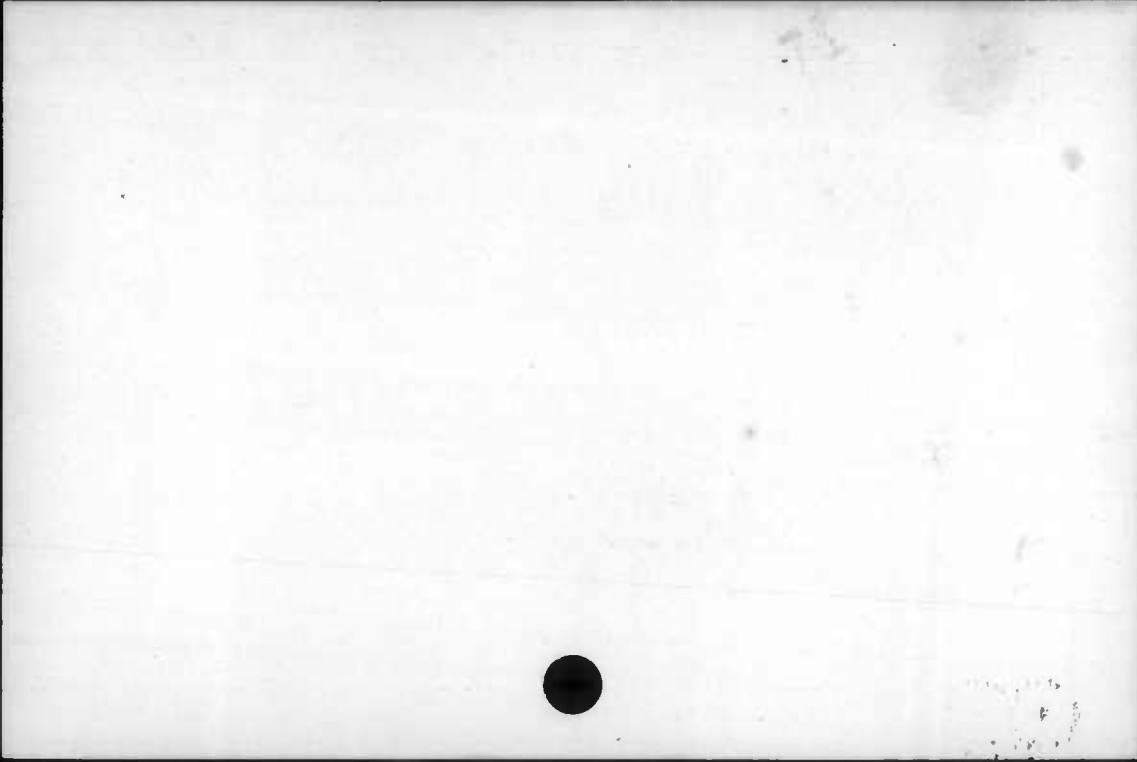
Cambridge Mass

Accident or Suicida



Name in Full Mary Ann Davis		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Vienna Town		Dorchester County		MARYLAND
	Date of death 1909	Month June	Day 27	Age — Years	Months — Days 5
	Sex Female	Color or Race Colored		Birth-place md.	
	Occupation Drycleaner		Where Residing if not at place of death		
	Married, Single or Widowed —	Name of Wife or Husband —			
	Father's Name James Davis		Father's Birthplace md.		
	Mother's Maiden Name Mrs. Coleman		Mother's Birthplace md.		
Name of person giving information James Davis		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Congenital debility		How long Birth		
	Immediate Exhaustion		How long 5 days		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. H. B. Shaw		
			Address Vienna md.		
	Accident or Suicide?				

151



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jane Ellis* Town *Lloyds* County *Dorchester* MARYLAND
Died at *Lloyds* Month *June* Day *22* Years *75* Months Days
Date of death *1909*
Sex *Female* Color or Race *Negro* Birth-place *Lloyds*
Occupation *Housework* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Jason Ellis*
Father's Name *~~Jason Ellis~~ Unknown* Father's Birthplace *Ind.*
Mother's Maiden Name *Jane Warren* Mother's Birthplace *Ind.*
Name of person giving Information *Mary Ellis* How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

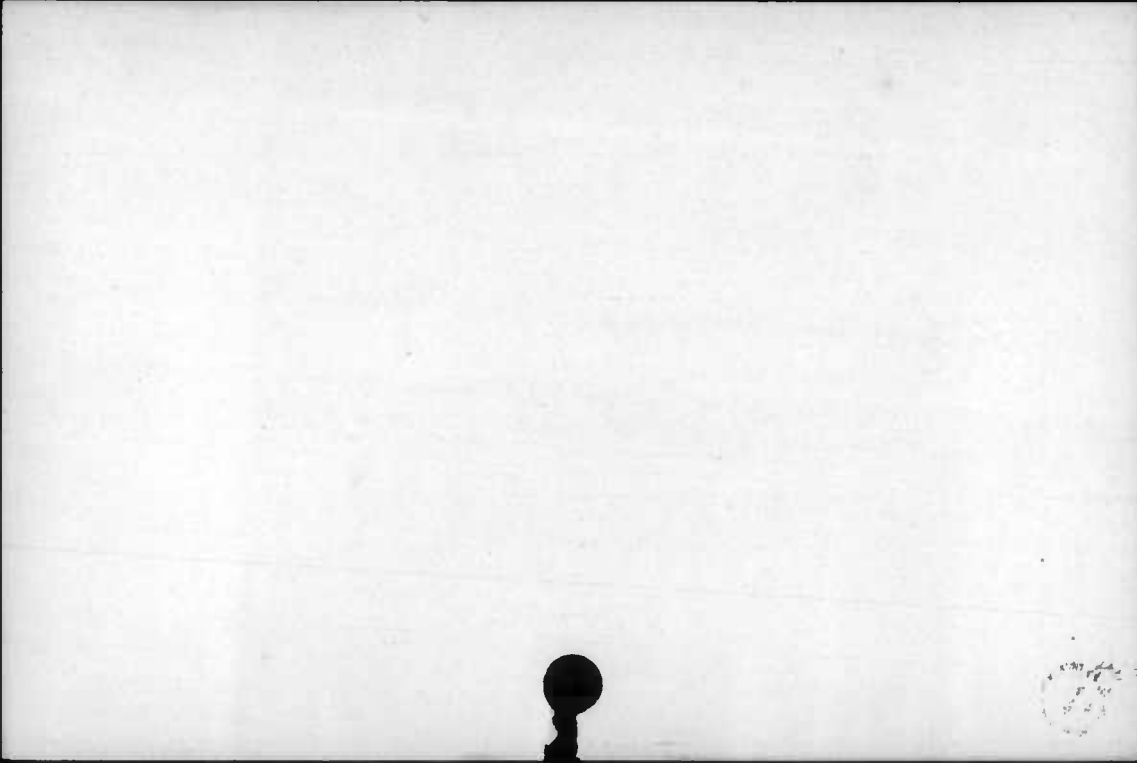
Primary *Influenza* How long *6 weeks*
Immediate *Broncho-pneumonia* How long
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *S. A. Stokes*
Address *Corneersville*
☒ Accident or Suicide



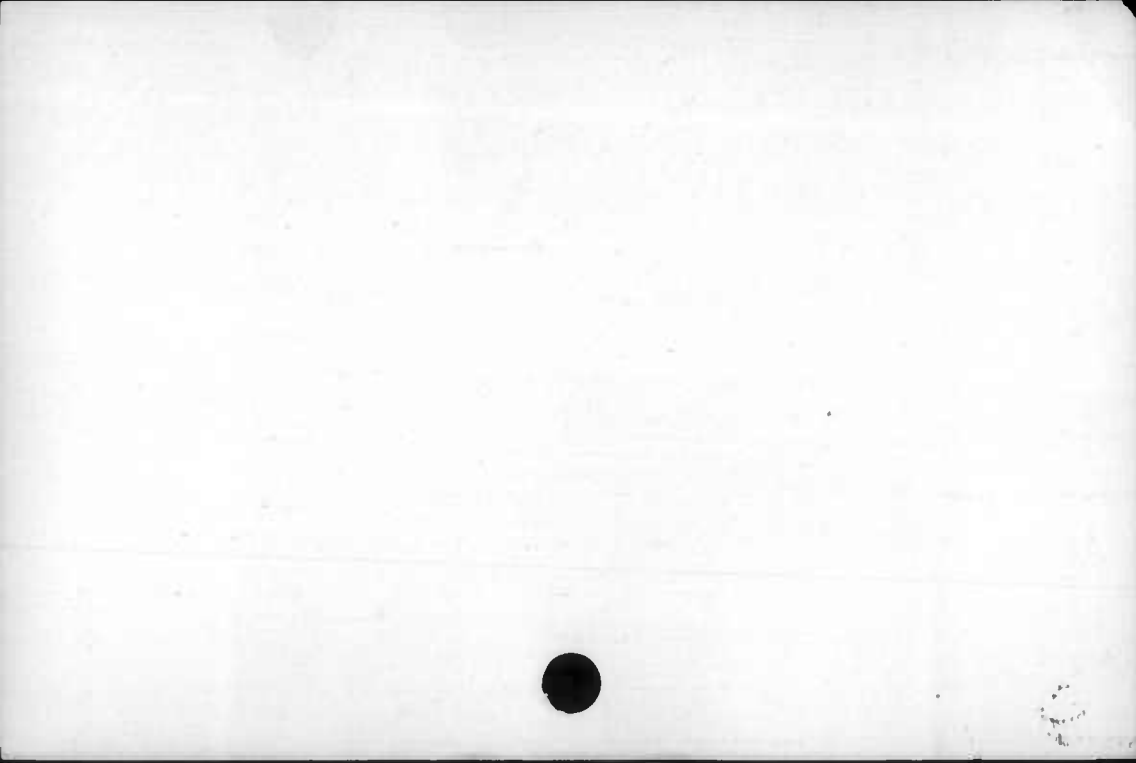
Name In Full		CERTIFICATE OF DEATH			
Geo. W. Harper		Town Thurlock		County Worcester	
Died at		MAYLAND			
Date of death		Month June	Day 26	Years 47	Months 4
Sex Male		Color or Race white	Birth-place Md	Days 15	
Occupation carpenter		Where Residing if not at place of death			
Married, Single or Widowed married		Name of Wife or Husband Mrs Minnie Harper			
Fether's Name Elisha Harper		Father's Birthplace Md			
Mother's Maiden Name Margaret-a Harper		Mother's Birthplace Md.			
Name of person giving information H. W. Harper		How related to deceased cousin			
CAUSES OF DEATH					
Primary Consumption		How long 1 year			
Immediate asthma		How long			
Are the name, age, sex, color, date and place correctly given above? Yhs		Signature of Physician E. C. Flemming			
Filed 1909		Address Thurlock Md.			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Mary E. Harper		CERTIFICATE OF DEATH			
Died at Williamstown Town		Onchester County		MARYLAND	
Date of death 1909	Month 6	Day 28	Age —	Months 1	Days 14
Sex Female	Color or Race White		Birth-place Ind.		
Occupation none			Where Residing if not at place of death —		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name J. M. Harper			Father's Birthplace Ind.		
Mother's Maiden Name Daisy V. Harper			Mother's Birthplace Ind.		
Name of person giving information J. M. Harper			How related to deceased Sister		
CAUSES OF DEATH					
Primary Cholera infantum			How long 5 days		
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician No physician R. Hootings P.		
			Address Harlow Ind.		
Accident or Suicide?					



Name
in
Full

~~from~~ B. Holliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Palmerburg Town Richmond County MARYLAND

Date of death 1904 June Month 9 Day Age 16 Years Months — Days —

Sex Female Color or Race Colored Birth-place Ind.

Occupation Single not pin Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Gro. Holliday Father's Birthplace Ind.

Mother's Maiden Name Amanda Holliday Mother's Birthplace Ind.

Name of person giving Information Gro. Holliday How related to deceased Father

CAUSES OF DEATH

Primary Child Birth.

140
How long —

Immediate —

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. C. Flemming
Harlock Ind.

Accident or Suicide

PHYSICIAN
OR
CORONER



Name
in
Full

CERTIFICATE OF DEATH

Hayward Jackson

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

of death

1909 June

18

Age

16

Sex

Male

Color or
Race

Colored

Birth-
place

Cambridge

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Alfred Jackson

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Alice Jackson

Mother's
Birthplace

Dorchester

Name of person giving
Information

Alfred Jackson

How related
to deceased

Father

CAUSES OF DEATH

34

Primary

Tuberculosis (General)

How long

16 months

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Smith

Address

Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Jane Jewe

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1909 June

10th

Age

36

Sex

Female

Color or
Race

Colored

Birth-
place

Bucktown

Occupation

unknown

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles M. Jewe

Father's
Name

Willoughby Sharp

Father's
Birthplace

Caroline Co.

Mother's
Maiden Name

Sarah Ann Bell

Mother's
Birthplace

Caroline Co.

Name of person giving
Information

Willoughby Sharp

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pregnancy

I did not see the
forty mortal after
death.

How long

about 9 mos.

Immediate

Embolus

How long

short.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

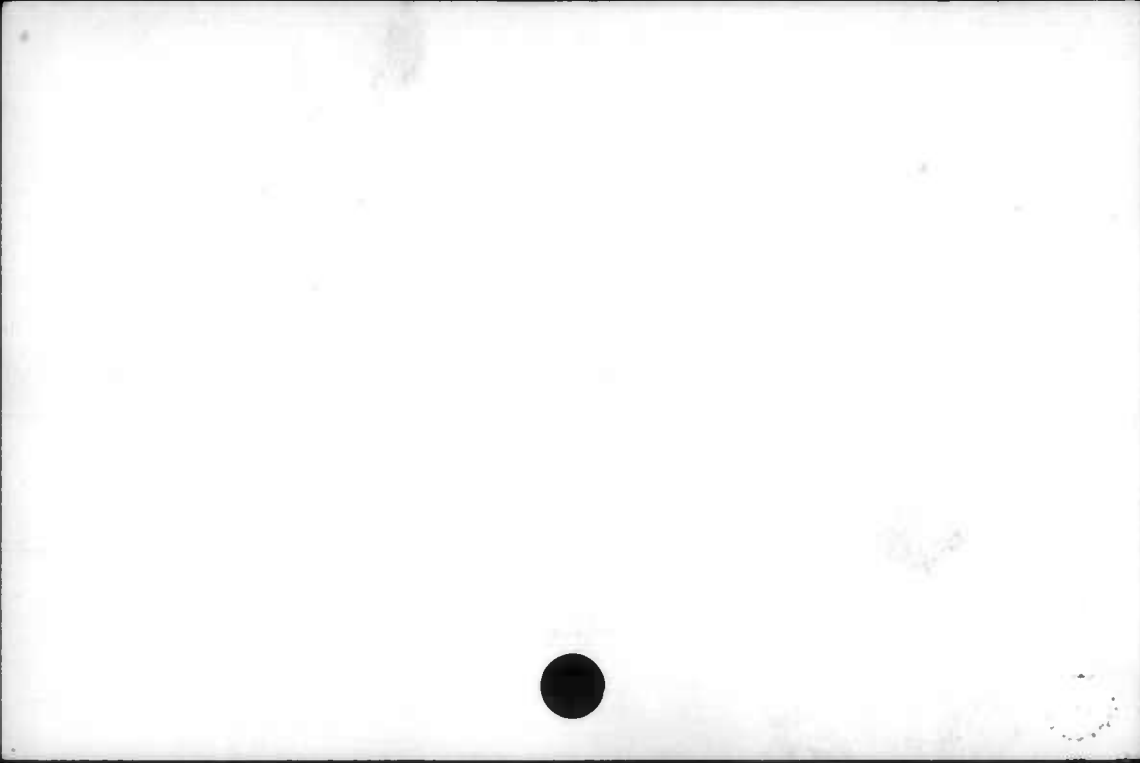
E. E. Wolff

Address

Cambridge, Md.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Edwella Kane		Town Harford		County Anne Arundel		State MARYLAND	
Died at Harford		Month June		Day 1		Years —	
Date of death 1904		Month June		Age —		Months 1	
Sex Female		Color or Race Colored		Birth- place Ind.		Days —	
Occupation none		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Kane		Father's Birthplace —					
Mother's Maiden Name Ossie Kane		Mother's Birthplace —					
Name of person giving Information John Kane		How related to deceased father					

CAUSES OF DEATH

Primary unknown	How long 179
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician no physician
	Address E. Hastings Jr. Harford Ind.
Accident or Suicide	

PHYSICIAN
OR CORNER

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Gertrude Niah

CERTIFICATE OF DEATH

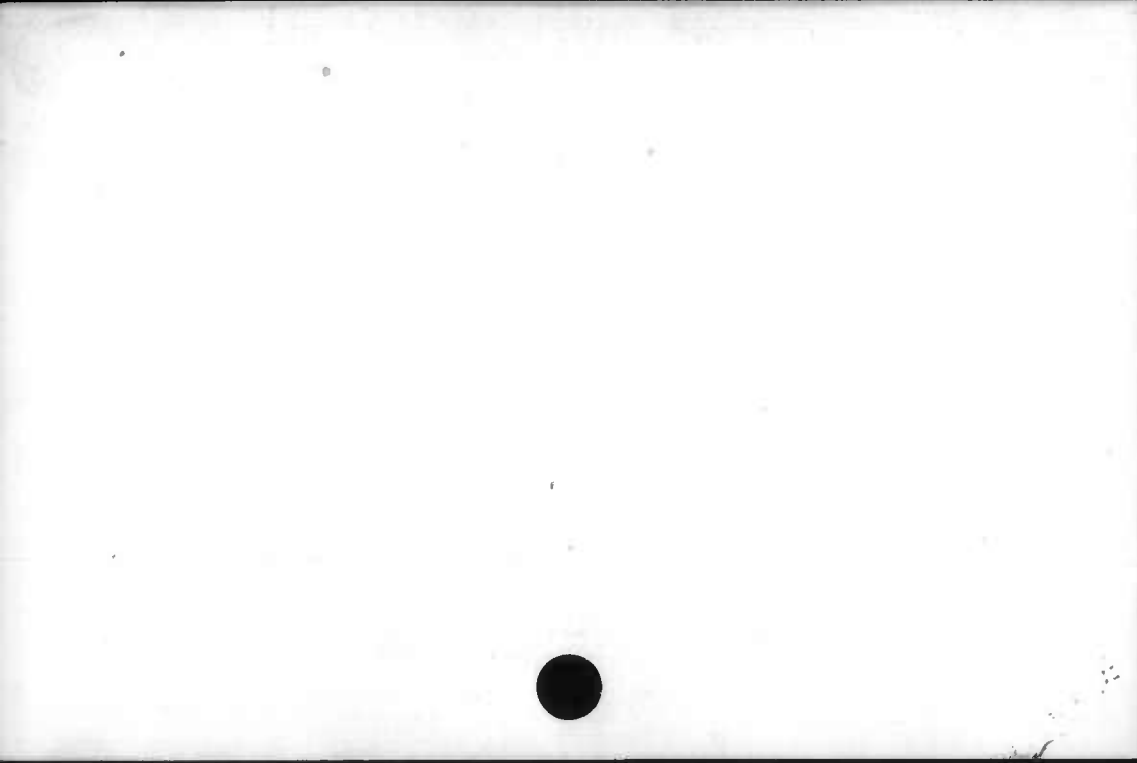
Died at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	June	15	Age 18		
Sex	Color or Race	Birth place			
Female	Colored	Cambridge Md			
Occupation	Where Residing if not at place of death				
Housework					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Wm Niah	Dorchester Co				
Mother's Maiden Name	Mother's Birthplace				
Mamie Byrd	Dorchester Co				
Name of person giving Information	How related to deceased				
Victor Steen	Nephew				

CAUSES OF DEATH

27

Primary	How long
Acute Miliary Tuberculosis	6 weeks
Immediate	How long
Cardiac Respiratory Failure	several days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Dexter P. Reynolds MD
	Address
	Cambridge Md

Accident or Suicide



Name
in
Full

Virginia S. McSpanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} Wolfe ^{County} MARYLAND

Date of death 1909 ^{Month} June ^{Day} 18 Age 8 ^{Years} 8 ^{Months} 8 ^{Days} 8

Sex Female Color or Race white Birth-place Cambridge Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Frank B McSpanan Father's Birthplace VA

Mother's Maiden Name B. H. Picant Mother's Birthplace VA

Name of person giving Information F. B. McSpanan How related to deceased father

CAUSES OF DEATH

105

Primary Acute enteric colitis How long 5 weeks

Immediate Gradual exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

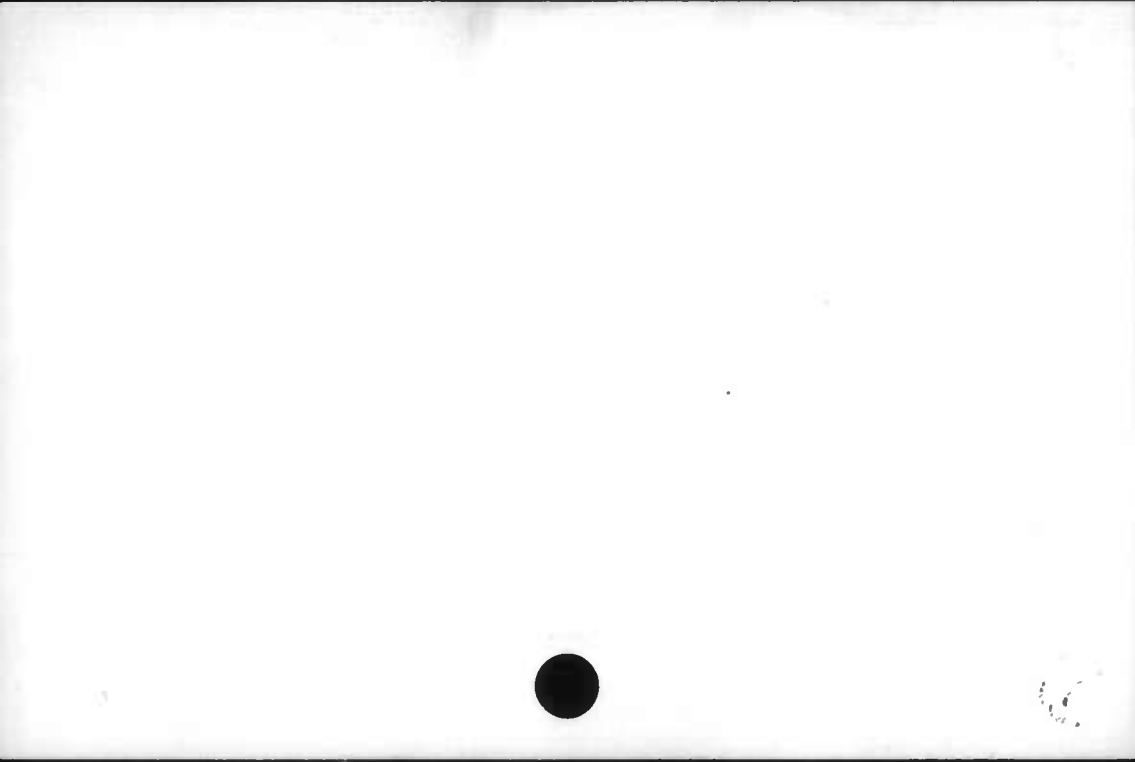
Signature of Physician

Henry Stubb
Cambridge Md.

Address

PHYSICIAN
OR CORONER
1

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Name <i>William Murphy</i>		Town <i>Bishop's Head</i>		County <i>Worcester</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>12</i>		Years <i>78</i>	
Date of death		Month <i>6</i>		Day <i>26</i>		Years <i>1909</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bishop's Head, Md.</i>			
Occupation <i>Oysterman</i>		Where Residing if not at place of death <i>Died at home</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Eliza Bramble (Dead)</i>					
Father's Name <i>Pritchett Murphy</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Lucy Pritchett</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Fred Murphy</i>		How related to deceased <i>Son</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

18

Primary		How long <i>9 days</i>	
Immediate <i>Erysipelas</i>		How long <i>9 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. White</i>	
so far as I know		Address <i>Croft, Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER

1



Name
in
Full

Henrietta Perry

CERTIFICATE OF DEATH

Died at ^{Town} Bucktown ^{County} Dorchester **MARYLAND**

Date of death 190 ^{Month} 9 ^{Day} 30th Age ^{Years} 30 ^{Months} 2 ^{Days} —

Sex Female Color or Race colored Birth-place Bucktown

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Joshua Perry

Father's Name Robert Stanley Father's Birthplace Dorchester Co.

Mother's Maiden Name Margaret Bazzle Mother's Birthplace Dorchester Co.

Name of person giving information James M. Jackson How related to deceased not at all

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

14

Primary Dysentery How long 3 weeks

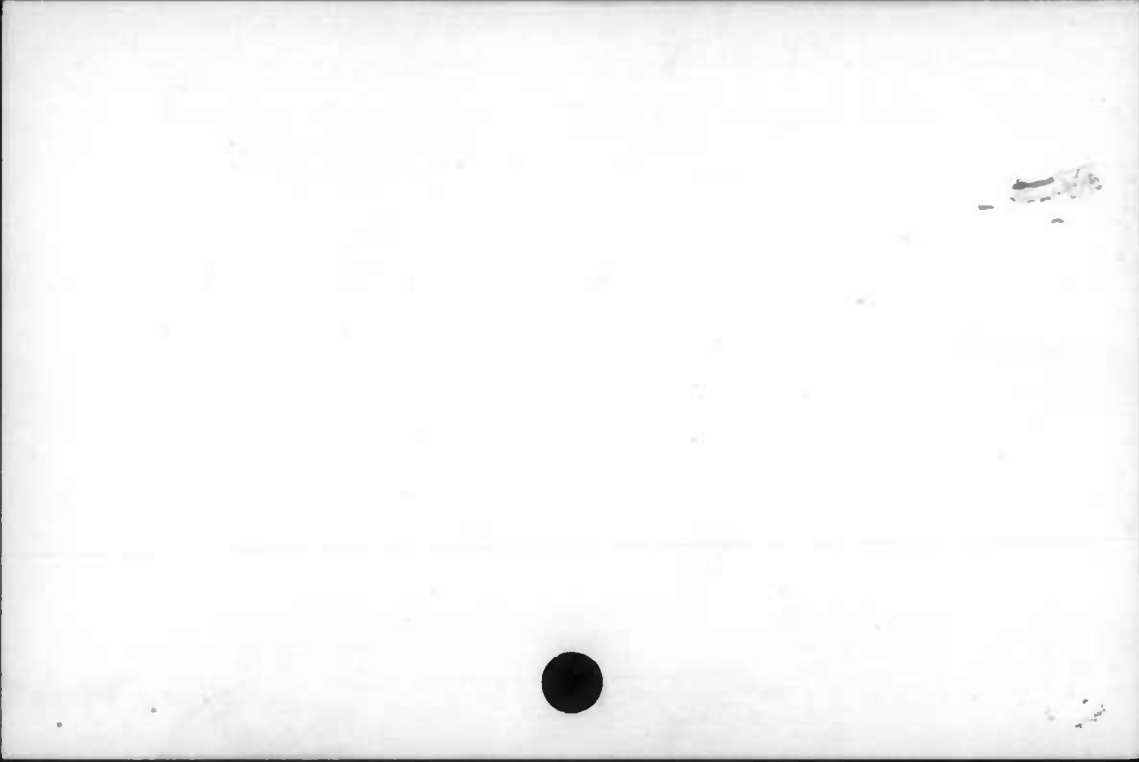
Immediate Acute Peritonitis & Pharyngitis How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm. Steele

Address Cambridge, Md.

Accident or Suicide —

PHYSICIAN
OR CORONER



Name
in
Full

Emma Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

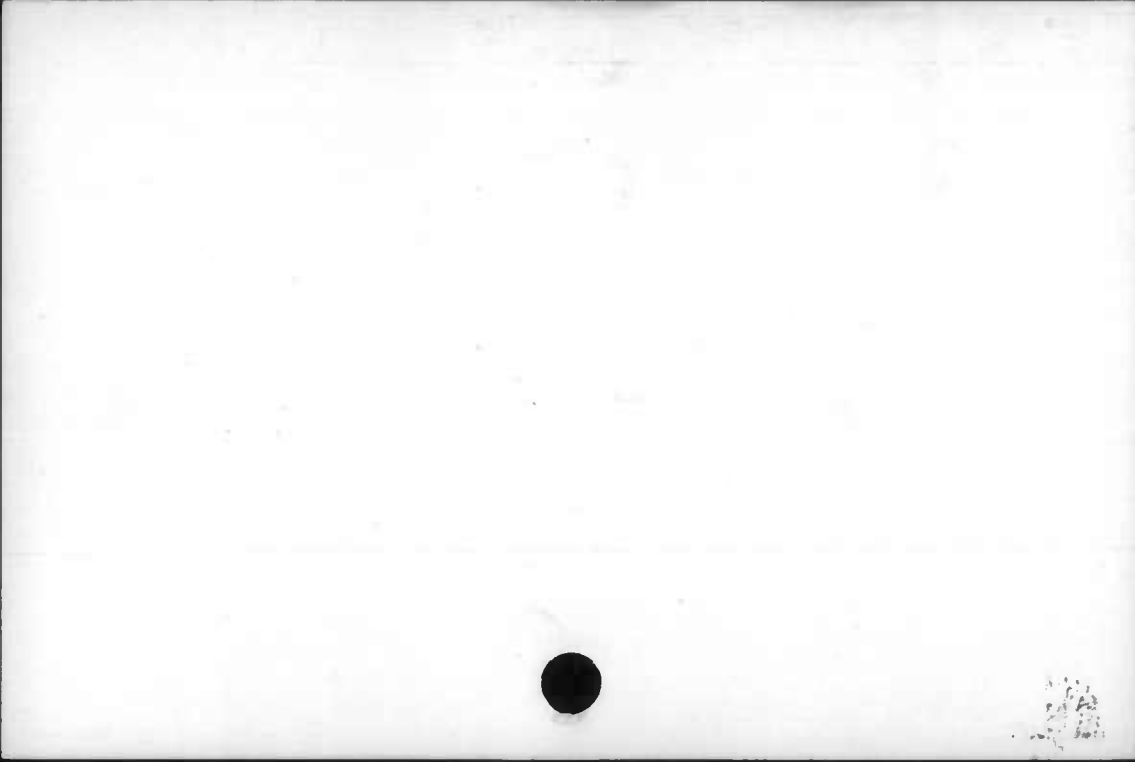
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1909	Month	June	Day	9
Age	38	Years		Months	
Sex	Female	Color or Race	White	Birthplace	Maryland
Occupation	Seamstress		Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John E. Phillips			Father's Birthplace	Maryland
Mother's Maiden Name	Margaret E. Hensick			Mother's Birthplace	unknown
Name of person giving Information	Mr. Sue Thomas			How related to deceased	Sister

CAUSES OF DEATH

27

PHYSICIAN
OR
CORNER

Primary	Pulmonary Tuberculosis	How long	Some months
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	<u>O. M. Solanbom</u>
		Address	<u>Cambridge Md.</u>
Accident or Suicide			



Name
in
Full

Melvin Phillips 1909

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

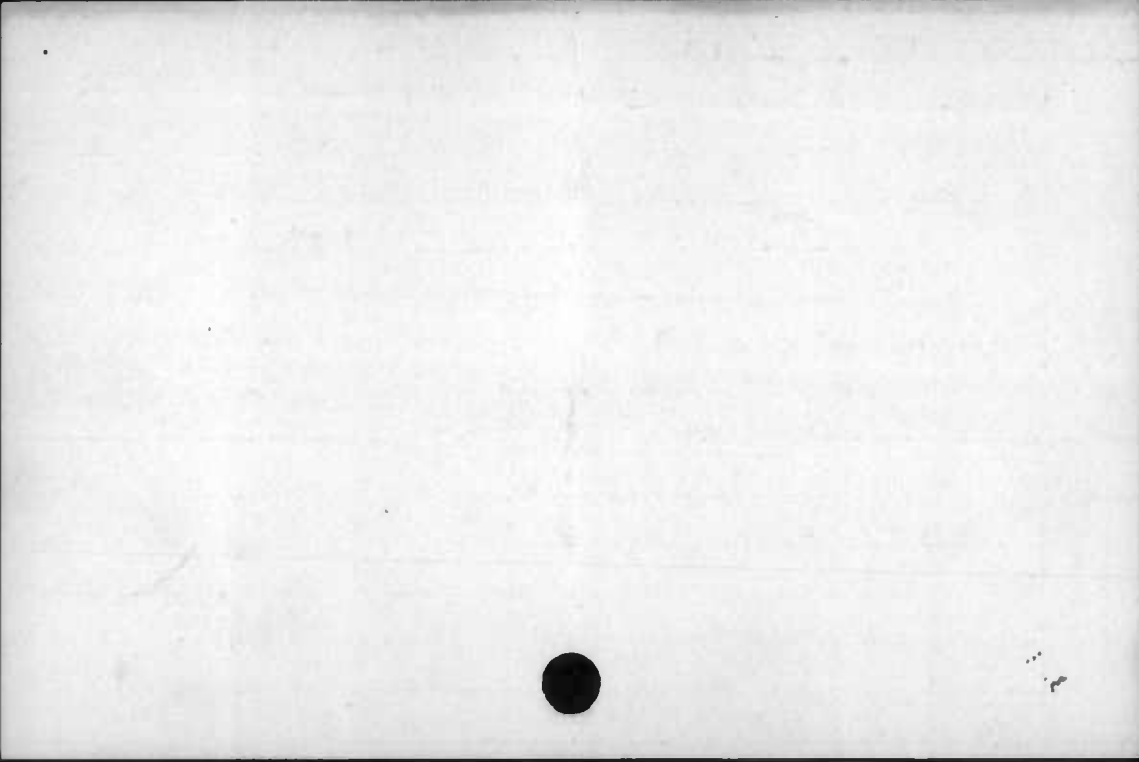
Died at <u>Craps</u> Town		County <u>San</u>	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>26</u>	Age <u>7</u> Years
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Dor Co.</u>	Months <u>2</u> Days <u>—</u>
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Rufus P. Phillips</u>		
Father's Name <u>Rufus Phillips</u>	Father's Birthplace <u>Dor Co.</u>		
Mother's Maiden Name <u>Rosa Jones</u>	Mother's Birthplace <u>Dor Co.</u>		
Name of person giving information <u>Rufus Phillips</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Voluntary Air Gunshot</u>	How long <u>4 weeks</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. Shamberg</u>
	Address <u>Wingate</u>
Accident or Suicide? <u>—</u>	<u>2nd</u>



Name
In
Full

Ralph Pritchett

Over

CERTIFICATE OF DEATH

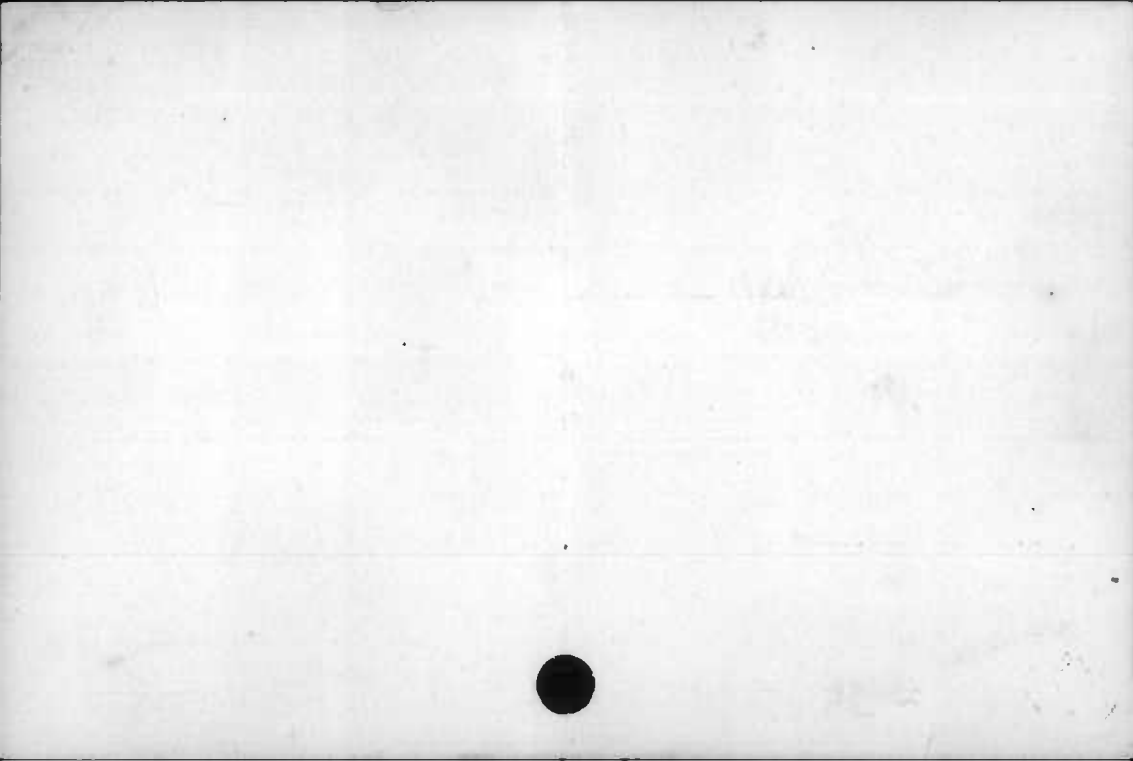
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Somerville</u> Town		County <u>Over</u>		MARYLAND	
Date of death	1909	Month	June	Day	15
Age	22	Years		Months	
Sex	Male	Color or Race	White	Birthplace	Over G.
Occupation	Farmhand	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	H. C. Pritchett			Father's Birthplace	Over G.
Mother's Maiden Name	Jane Adams			Mother's Birthplace	Over G.
Name of person giving information	Geo. Pritchett			How related to deceased	Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteric Fever	How long	10 days
Immediate	Intestinal Hemorrhage	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	P. S. [Signature]
		Address	Wingate, Md.
Accident or Suicide?			



Name
in
Full

Rawleigh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

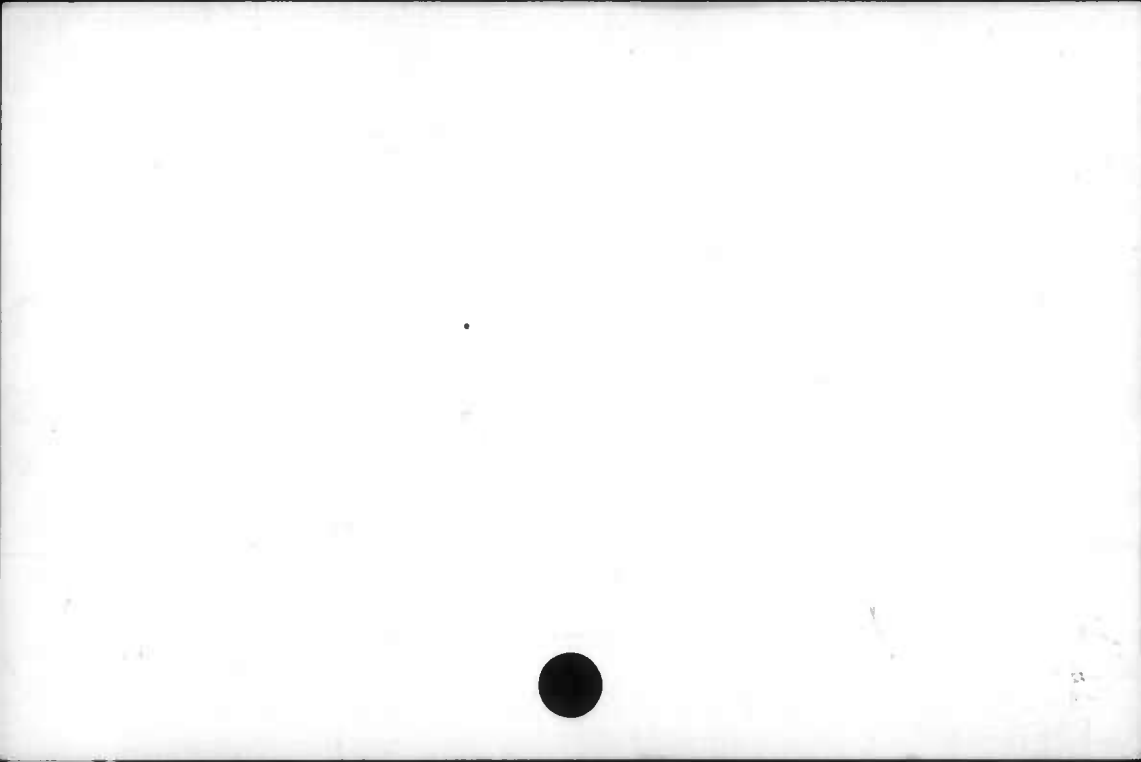
Died at <i>Linkwood</i>		Town		<i>Dorchester</i>		County	
Date of death <i>1909 June 15</i>		Month		Day		Years	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months <i>3 hours</i>	
Occupation <i>Infant</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Robt Walter Rawleigh</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Maria Julia Christopher</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Maria J. Christopher</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary <i>Failure of Function of heart close</i>	How long <i>3 hours</i>
Immediate <i>Asphyxia</i>	How long <i>short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

1



Name
in
Full

Rawleigh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linkwood</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	June	Day	26
Age	—		Years	Months	—
Sex	Female		Color or Race	White	
Occupation	Infant		Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Robt Walter Rawleigh			Father's Birthplace	Md
Mother's Maiden Name	Luira Julia Christopher			Mother's Birthplace	Md
Name of person giving Information	Robt. W. Rawleigh			How related to deceased	Father

CAUSES OF DEATH

Primary *Heart Lesions (Congenital)*

Immediate *Asphyxia*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide

150
How long

11 do

How long

short

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rabbins

Town *Buckton* County *Dorchester*

Died at *Keene's Ditch*

Month *June* Day *1* Age *2* Months *2* Days *—*

Date of death 1909

Sex *Male* Color or Race *white* Birth-place *Dorchester*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Charlie Rabbins* Father's Birthplace *Dor. Co. Lakewood*

Mother's Maiden Name *Bertie Shorter* Mother's Birthplace *Buckton*

Name of person giving Information *John Shorter* How related to deceased *not at all just friend*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *one month*

Immediate *Pneumonia* How long *four days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. G. G. G.*

Address *Cambridge Mass.*

Accident or Suicide *..*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Man Louis Ruark

Town

County

MARYLAND

Date

of death

1904

Month

6

Day

24

Age

—

Years

Months

6

Days

18

Sex

Female

Color or
Race

white

Birth-
place

M.C.

Occupation

Infant-

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

A. M. Ruark

Father's
Birthplace

Ind.

Mother's
Maiden Name

Mary Spedden

Mother's
Birthplace

Ind.

Name of person giving
Information

A. M. Ruark

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

105
Today's

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. C. Flemming

Address

Hudock Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sammmons

Died at <i>Cambridge</i>		Town		<i>Dorchester</i>		County		MARYLAND	
Date of death <i>1909 June 16</i>		Month		Day		Years		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>—</i>		Birth-place <i>Ind</i>		Days <i>6 1/2 hours</i>	
Occupation <i>In part</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Lee Sammons</i>		Father's Birthplace <i>Ind</i>							
Mother's Maiden Name <i>Fannie R. Herring</i>		Mother's Birthplace <i>Ind</i>							
Name of person giving Information <i>F. R. Herring</i>		How related to deceased <i>Mother</i>							

CAUSES OF DEATH

176

Primary <i>Injury to head during delivery (Confinement)</i>		How long <i>Some hours.</i>	
Immediate <i>Asphyxia</i>		How long <i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolff</i>	
		Address <i>Cambridge, Ind.</i>	
Accident or Suicide <i>Neither</i>			

PHYSICIAN
OR CORONER



Handwritten scribbles or marks in the bottom right corner.

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Shortt

Town

Secretary

County

Borchester

MARYLAND

Died at

Date

of death 1909

Month

June

Day

13

Age

Years

54

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Borchester Co.

Occupation

House- work

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

John H. Shortt

Father's
Name

James K. Bradley

Father's
Birthplace

Borchester Co.

Mother's
Maiden Name

Emiline H. Stack

Mother's
Birthplace

"

Name of person giving
Information

William L. Munnick

How related
to deceased

Son-in-law

Pneumonia

CAUSES OF DEATH

93

Primary

Typhoid-Pneumonia

How long

16 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

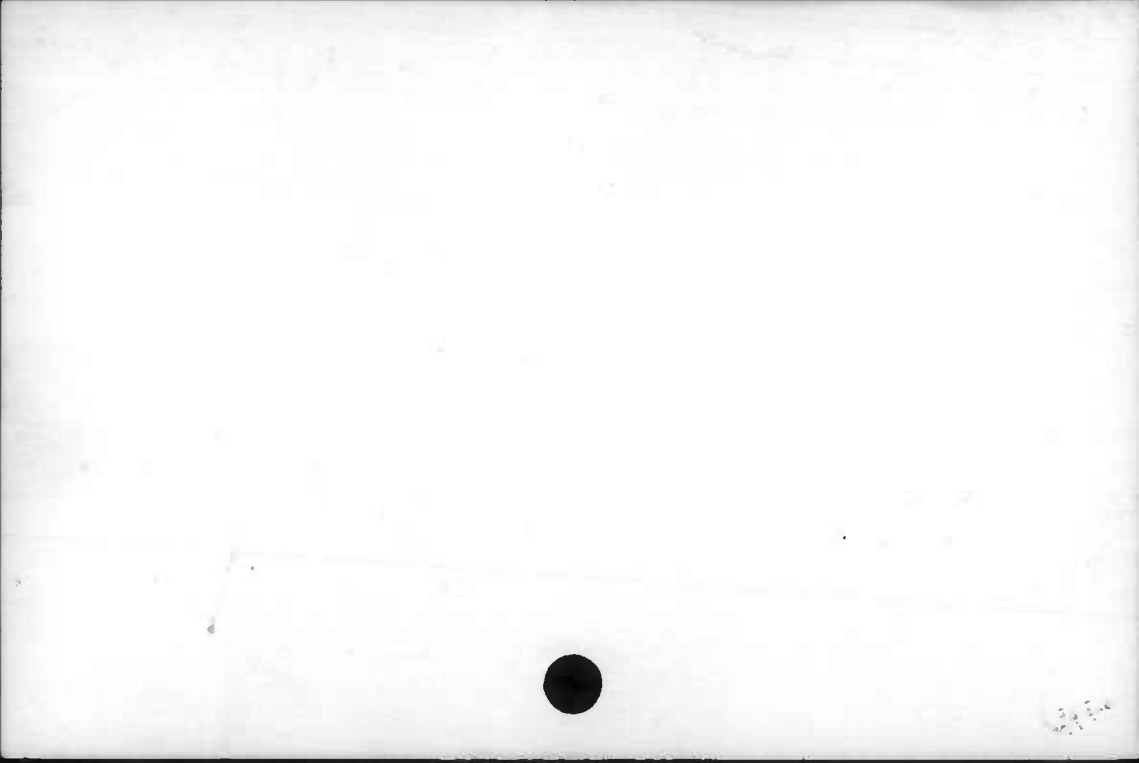
H. F. Nicols, M.D.

Address

E. N. Martin, M.D.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER



Name
in
Full

Robert Wallace Spear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County
Date of death 190 9 June Month 19th Day — Years — Months 5 Days —
Sex Male Color or Race Cohio Birth-place Cambridge
Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name W. MacSpear Father's Birthplace Cambridge
Mother's Maiden Name Annie M. Elliott Mother's Birthplace Cambridge
Name of person giving Information W. MacSpear How related to deceased Father

CAUSES OF DEATH

105

Primary Acute Colitis How long week
Immediate meningitis How long 24 hours

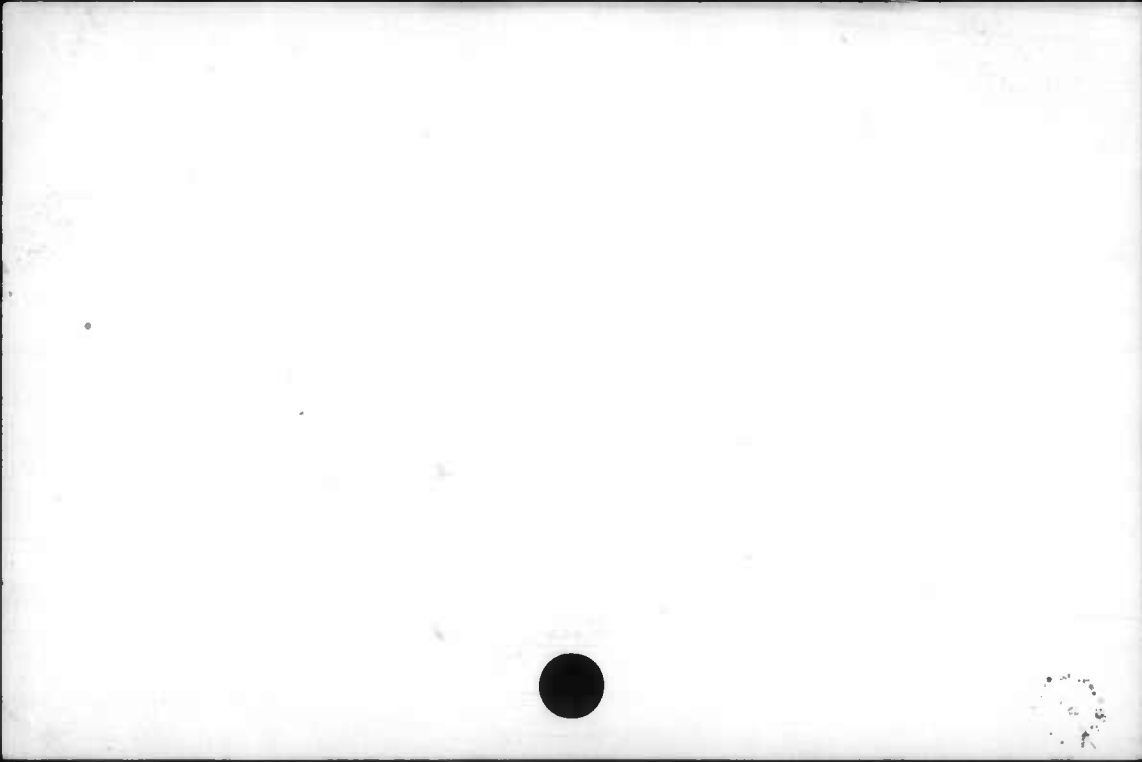
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

Branch Stanley
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1909 June 23 Age 2 Months 3 Days 14

Sex Female Color or Race Negro Birth-place Cornersville

Occupation infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Chas H Stanley Father's Birthplace U.S.

Mother's Maiden Name Gertie Hamilton Mother's Birthplace U.S.

Name of person giving Information Leland Stanley How related to deceased Brother

CAUSES OF DEATH

105

Primary Entero-colitis How long 3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

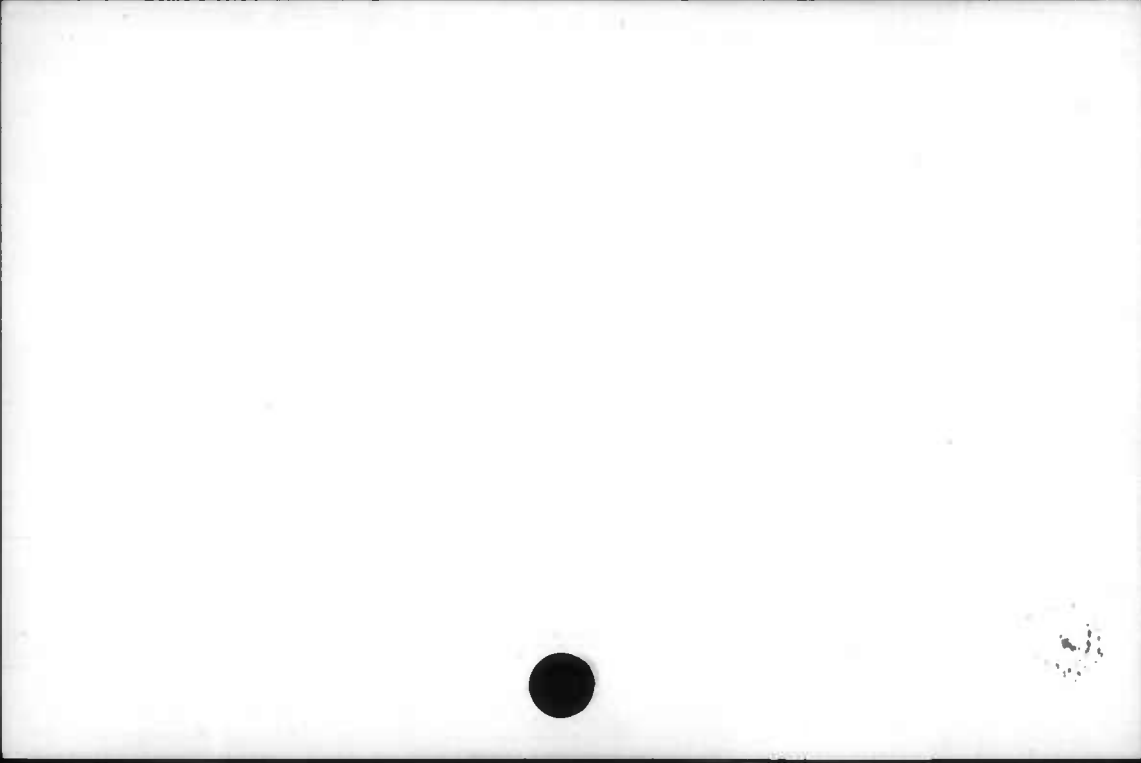
Signature of Physician S. A. Stokes Address Cornersville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER





Name
in
Full

Millie Stanley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1909 June

20

Age

12

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

colored

Birth-
place

Cambridge

Occupation

School girl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charlie Stanley

Father's
Birthplace

Cambridge

Mother's
Maiden Name

Hattie Stanley

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Jno W. Banks

How related
to deceased

not at all

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

about 6 mos.

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

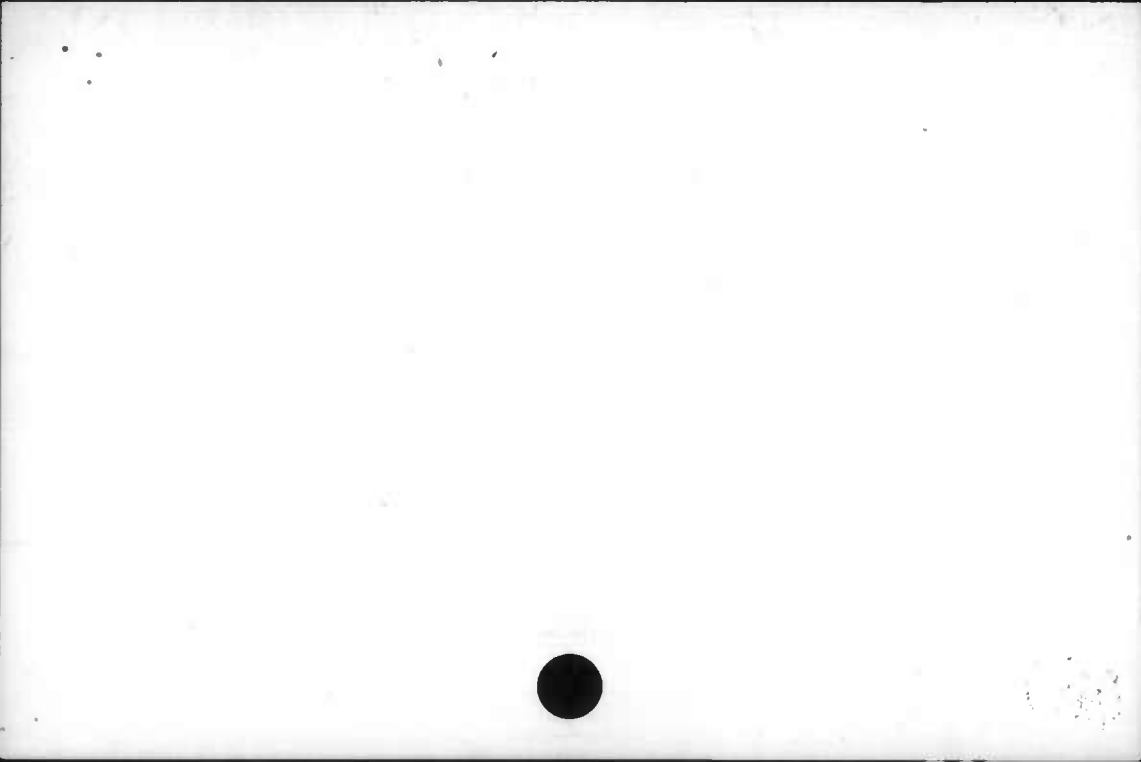
No Physician

Clemens Bullock
Justice of the Peace

Accident or Suicide

—

PHYSICIAN
CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Strawberry* Town *near H block* County *Dorchester* MARYLAND
Died at *near H block*
Date of death *1909* Month *June* Day *20* Age *—* Months *—* Days *7*
Sex *Male* Color or Race *Colored* Birth-place *Ind*
Occupation *— none* Where Residing if not at place of death *—*
Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Unknown* Father's Birthplace *—*
Mother's Maiden Name *Cattie Strawberry* Mother's Birthplace *our Co Ind*
Name of person giving Information *Jos. Strawberry* How related to deceased *179*

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary *Unknown* How long *not known*
Immediate *— not known* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Ys* Signature of Physician *Wm. Stebbins*
Address *Cambridge, Ind.*
Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Henry Thomas

Town

County

MARYLAND

Died at Hurlock

Date

Month

Day

Years

Months

Days

of death 1909

6

22

Age

81

8

13

Sex

male

Color or
Race

white

Birth-
place

Dor Co Md

Married, Single
or Widowed

married

Occupation

Physician Thomas

Name of Wife or
Husband

Eugenia Thomas

Father's
Name

Algeron Thomas

Father's
Birthplace

Dor Co Md

Mother's
Maiden Name

Deborah Thomas

Mother's
Birthplace

Dor Co Md

Name of person giving
In formation

A. L. Collins

How related
to deceased

None

CAUSES OF DEATH

123

Primary

Tuberculosis

How long

4 years

Immediate

Cystitis

How long

2 1/2 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

George Myers

Address

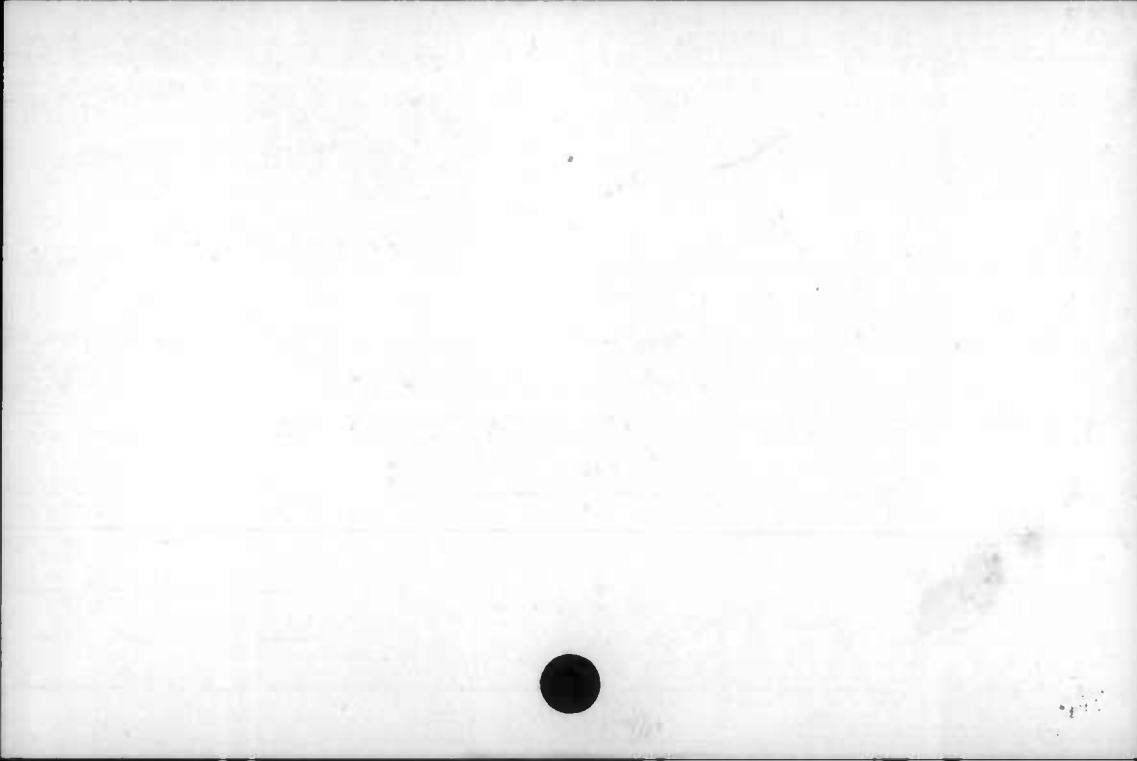
Hurlock Md

Accident or Suicide?

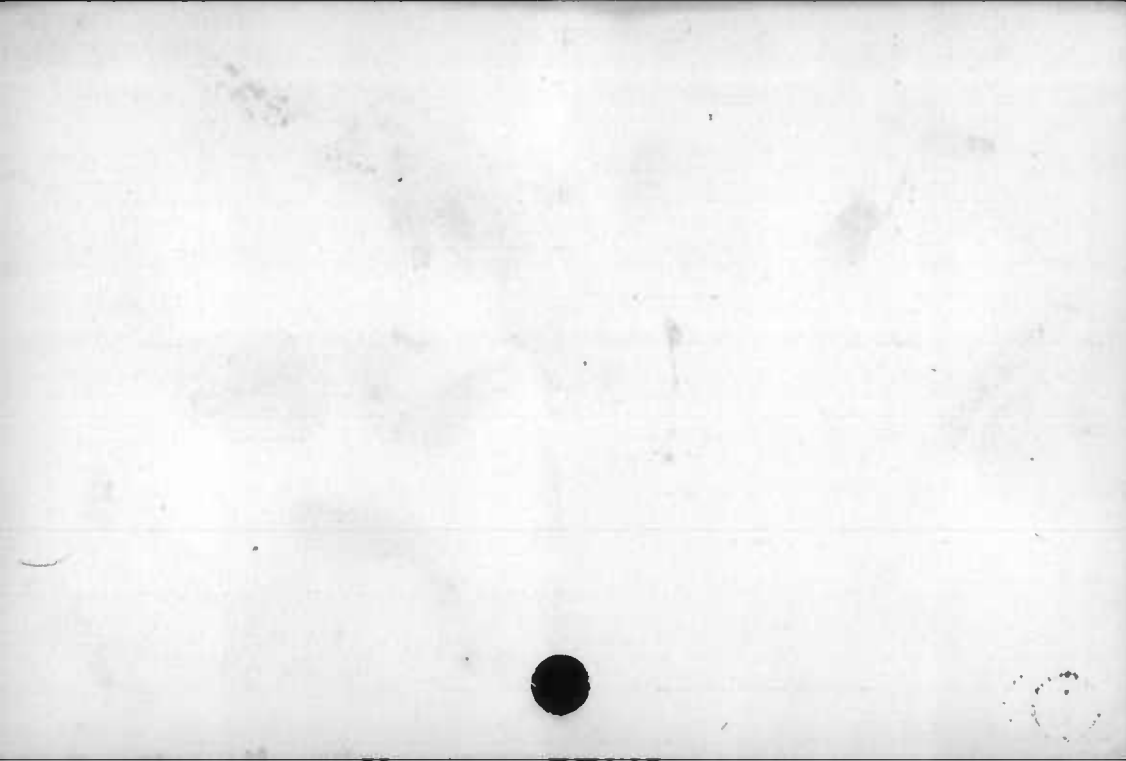
no

PHYSICIAN
OR CORONER

1



Name in Full		Town		County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Taddsville		Dor		MARYLAND				
	Date of death		1909	Month	June	Day	3	Age		41	
	Sex		male		Color or Race		white		Birth-place		
	Occupation		Farmer		Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband						
	Father's Name		Jacob A. Todd		Father's Birthplace		Dor Co				
	Mother's Maiden Name		Emily J. Weller		Mother's Birthplace		Dor Co				
Name of person giving information		Sis Todd		How related to deceased		mother					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long		Six months		
	Immediate						How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Shanks				
					Address		Wingate - Md				
Accident or Suicide?											



Name
in
Full

Madaline Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date of death 1909 ^{Month} June ^{Day} 10 Age ^{Years} 8 ^{Months} ^{Days} 1

Sex Female Color or Race White Birth-place Md

Occupation Child Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Morris Todd Father's Birthplace Md

Mother's Maiden Name Stella Dunn ✓ Mother's Birthplace Md

Name of person giving Information Wm. Dunn How related to deceased Grandfather

CAUSES OF DEATH

179

Primary Marasmus How long 6 mos.

Immediate Exhaustion How long Short time

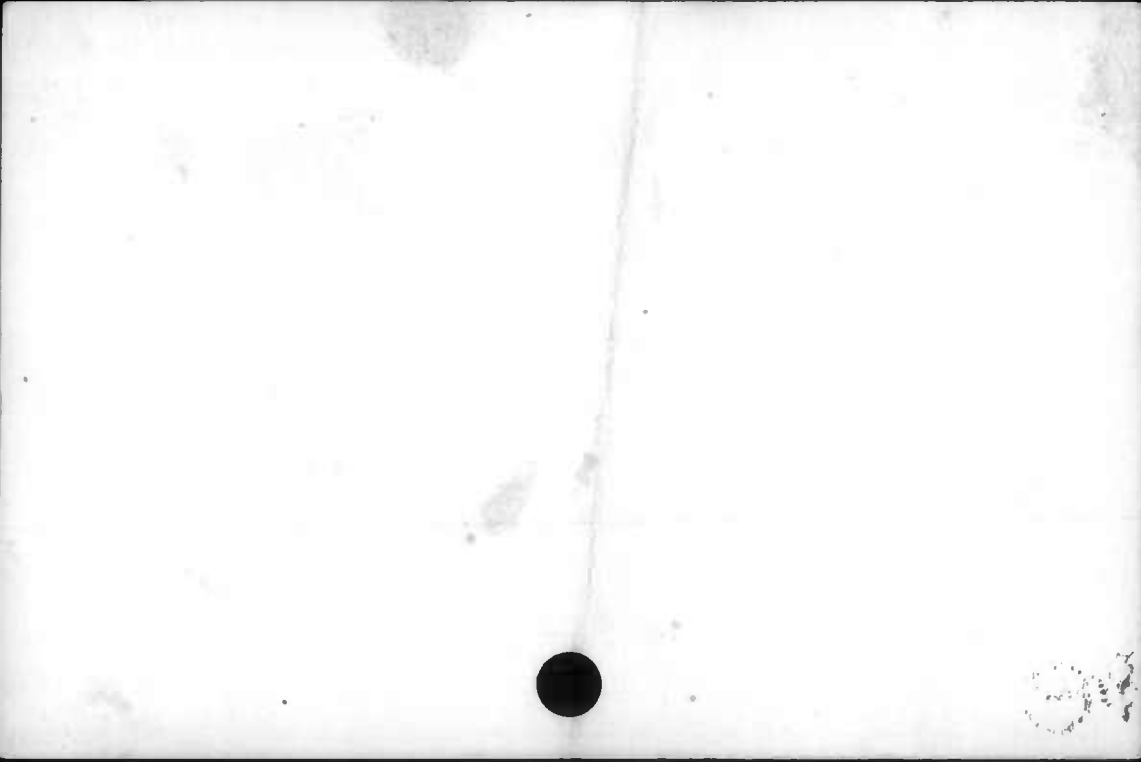
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. E. Wolff Address Cambridge, Md.

Accident or Suicide

PHYSICIAN
OR CORNER

1



Name
in
Full

CERTIFICATE OF DEATH

Robert Todd

own

County

MARYLAND

Died at

Toddville

Donchester

Date

of death

1909

Month

June

Day

14

Age

Years

60

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Captain

Where Residing if not
at place of death

Toddville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Todd

Father's
Name

Mamie Todd

Father's
Birthplace

Toddville

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

F. H. Todd

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

How long

2 years

Immediate

Nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. J. M. White

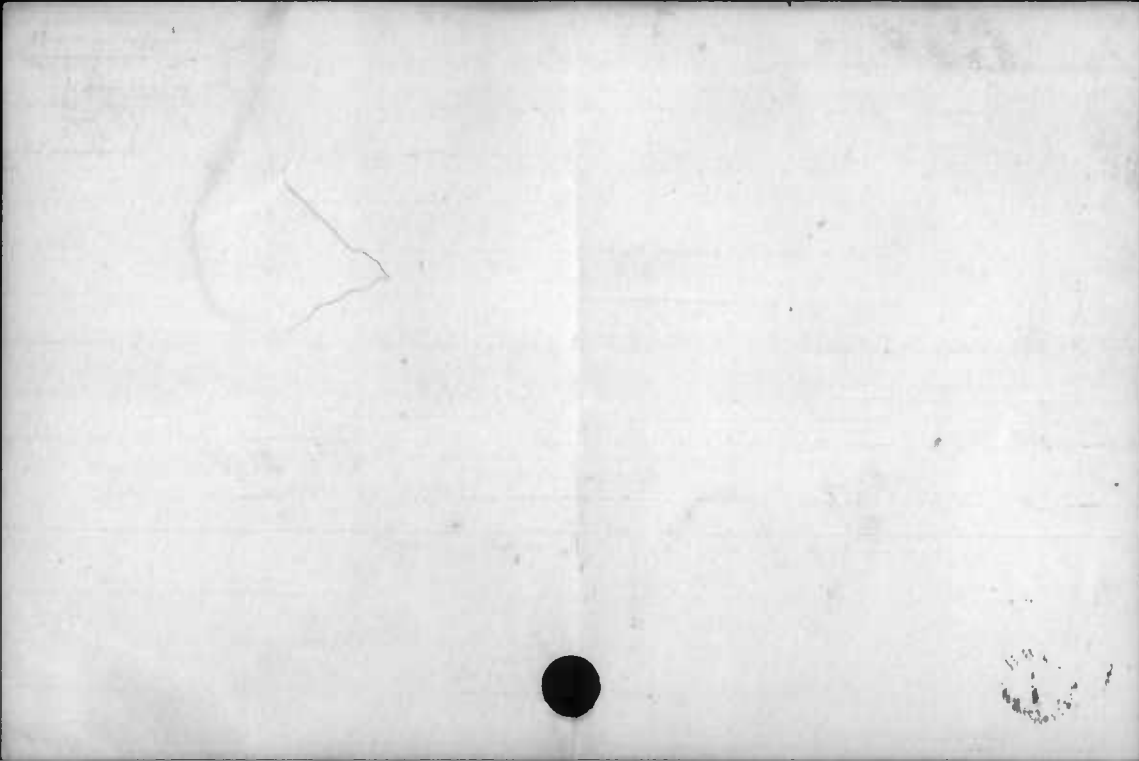
Address

Craps, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Bertha Fregoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

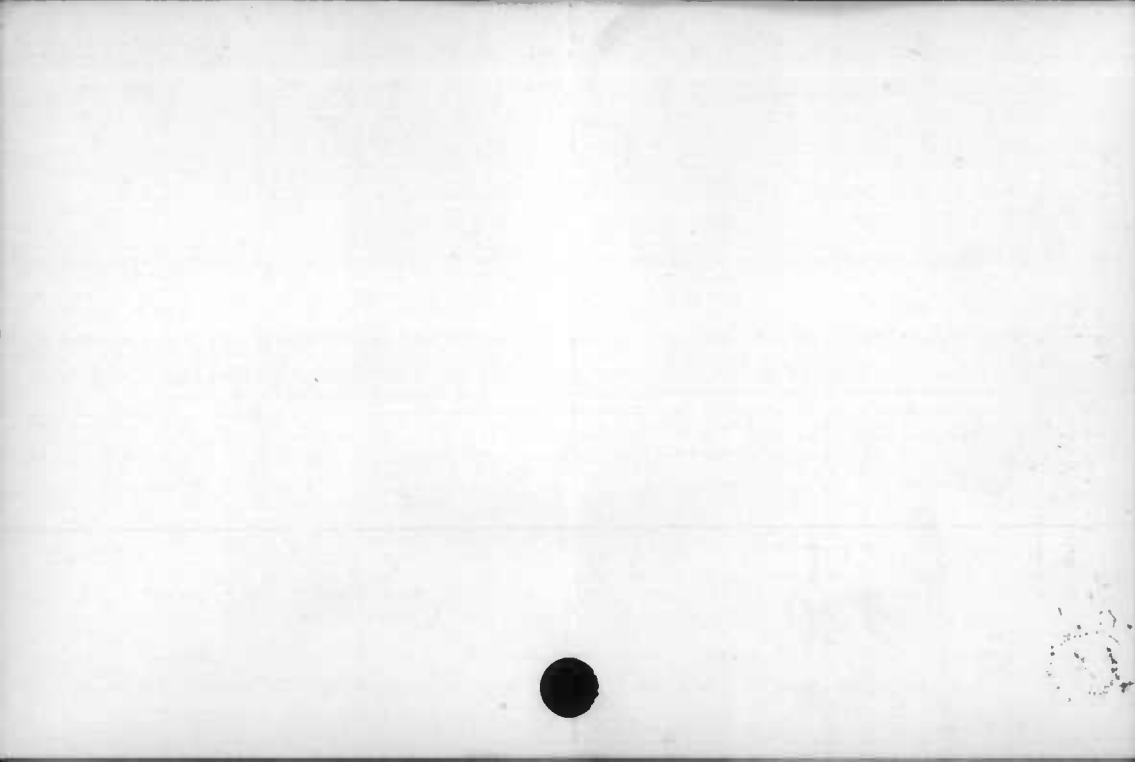
Died at Madison ^{Town}		Dorchester ^{County}		MARYLAND	
Date of death 1909	Month June	Day 21	Years 26	Months	Days
Sex Female	Color or Race White	Birthplace Dor. Co. Md			
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Edward Fregoe				
Father's Name John Caston	Father's Birthplace Dor. Co. Md				
Mother's Maiden Name Susan Mome	Mother's Birthplace Dor. Co. Md				
Name of person giving information Edward Fregoe	How related to deceased Husband				

CAUSES OF DEATH

72

PHYSICIAN
CORONER

Primary Tetanus (Idiopathic)	How long 11 days
Immediate Gradual decline	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. L. Smith M.D.
	Address Madison, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eliza Vaughn</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Cambridge</i>		Month <i>June</i>		Day <i>20</i>		Years <i>75</i>	
Date of death <i>1909 June 20</i>		Age <i>75</i>		Months _____		Days _____	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Dorchester Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband _____					
Father's Name <i>Jeremiah Vaughn</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Rachel Adkison</i>		Mother's Birthplace <i>Dorchester Co.</i>					
Name of person giving Information <i>Alexander Vaughn</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>respiratory</i>	How long <i>Some months</i>
Immediate <i>Paralysis</i>	How long <i>17 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>In</i>	Signature of Physician <i>Dr. S. A. Henry</i>
	Address <i>Cambridge Md</i>
Accident or Suicide	



Name

in
Full

Teresa Jane Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

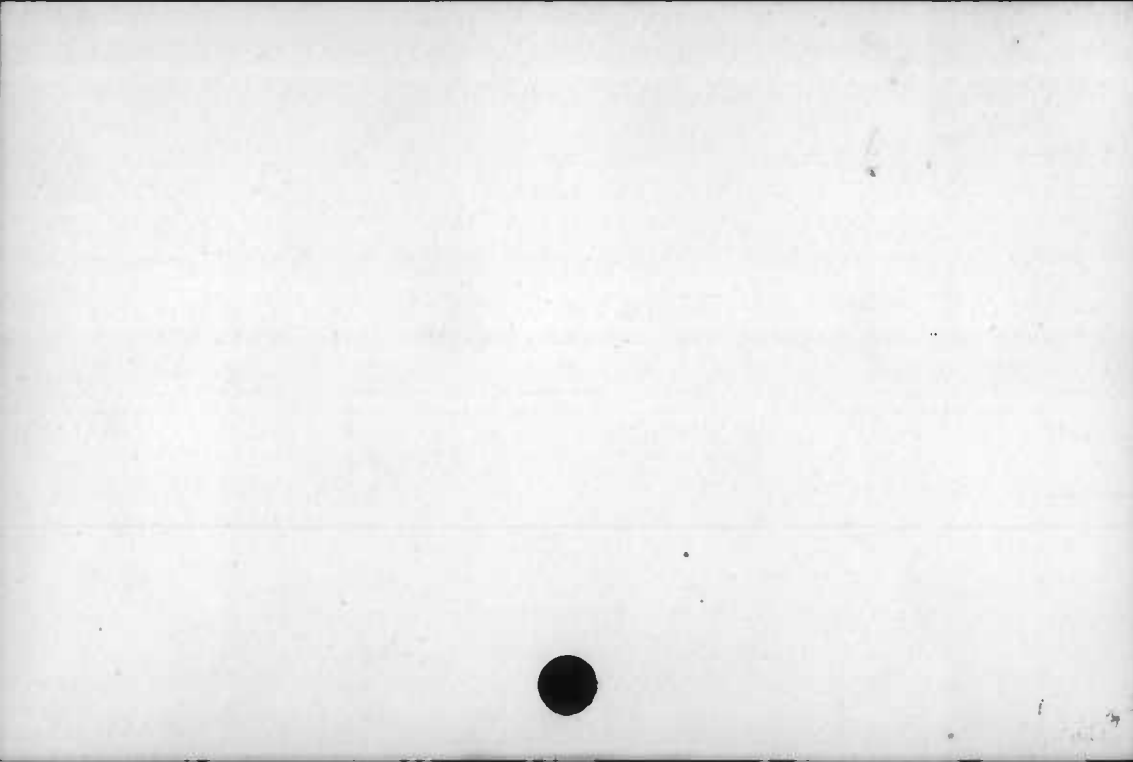
Died at Fishing Creek		County Dorchester		State MARYLAND	
Date of death	1909	Month	June	Day	23rd.
Age		72		Months	6
Sex		Female		Color or Race	White
Birth-place		Dorchester, Co.			
Occupation		Housewife			
Where Residing if not at place of death		-----			
Married, Single or Widowed		Married		Name of Wife or Husband	
				Wm. B. Wallace	
Father's Name		Jacob Simmons		Father's Birthplace	
				Dorchester, Co.	
Mother's Maiden Name		Sally Simmons		Mother's Birthplace	
				Dorchester, Co.	
Name of person giving information		John Robt. Wallace		How related to deceased	
				Son	

CAUSES OF DEATH

27

PHYSICIAN
CORONER

Primary	Pulmonary Tuberculosis	How long	Five years.
Immediate	Intestinal and General Tuberculosis	How long	Four months.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>W. H. Harrison, M.D.</i>	
Address		Fishing Creek, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Margaret Ward

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month <i>June</i>	Day <i>24</i>	Years <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>caucoid</i>		Birth-place <i>Dorchester Co</i>		
Occupation <i>School girl</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Luke Ward</i>	Father's Birthplace <i>North Carolina</i>				
Mother's Maiden Name <i>May Lizzie Bryan</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving Information <i>Luke Ward</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>11</i>	How long	<i>10 days</i>
Immediate	<i>Epilepsy</i>	How long	<i>1 A</i>

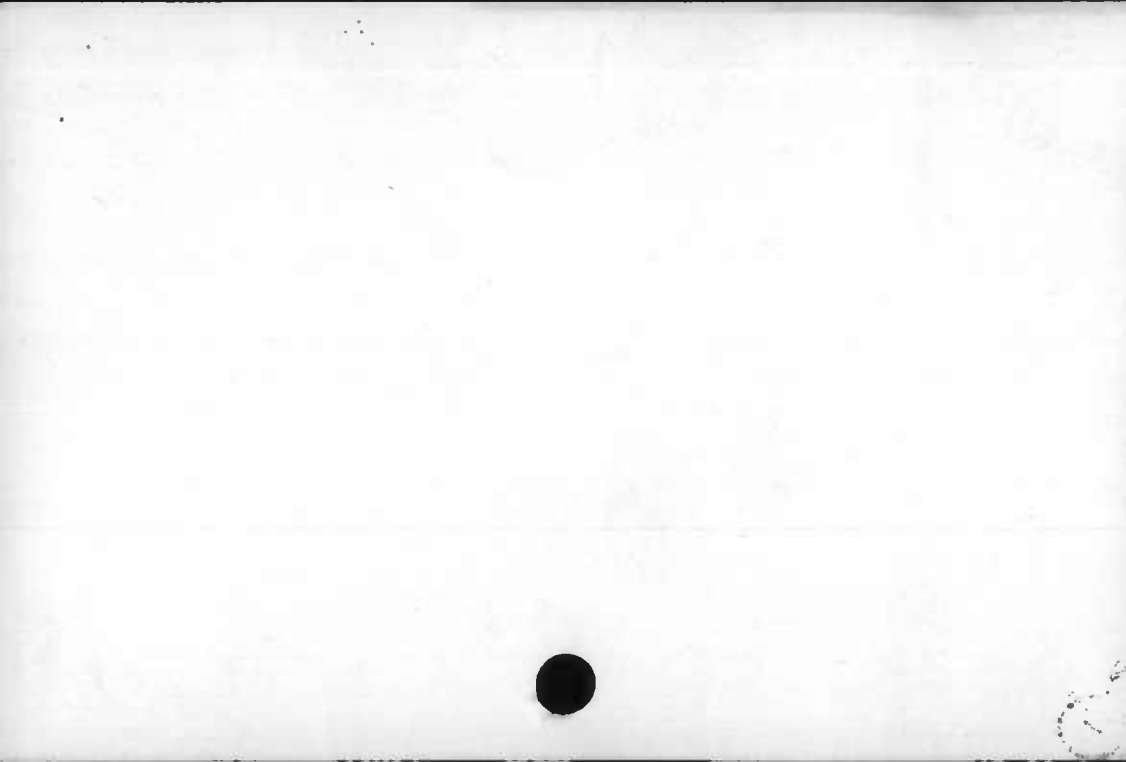
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

No Physician
Blumen Sullivan
Justice of the Peace



Name
in
Full

William E. Heatley

CERTIFICATE OF DEATH

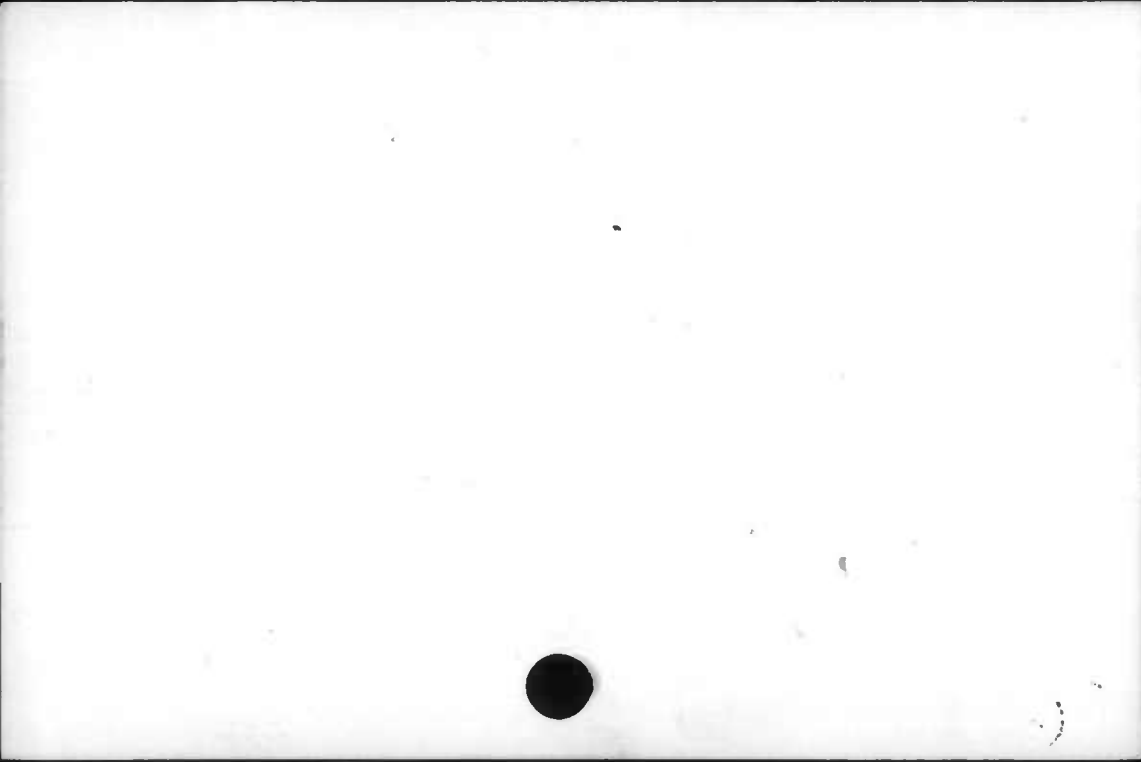
Died at Thomas		Town		Barthol		County		MARYLAND	
Date of death 1909 June		Month		Day 2		Age 68		Years	
Sex Male		Color or Race White		Birth-place Bar. Co Md		Months 7		Days	
Occupation Farmer				Where Residing if not at place of death					
Married, Single or Widowed Single				Name of Wife or Husband					
Father's Name Wm E Heatley				Father's Birthplace Md					
Mother's Maiden Name Lena Seward				Mother's Birthplace Md					
Name of person giving Information				How related to deceased					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Chronic diarrhoea		How long 6 mos	
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above? yes		Signature of Physician S. A. Stokes	
		Address Cornwell	
Accident or Suicide		Md	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hurlock* Town *Gov* County *MD*
 Date of death 190 *4* Month *6* Day *19* Age *43* Years Months *1* Days
 Sex *female* Color or Race *white* Birth-place *Dor Co*
 Married, Single or Widowed *Married* Occupation *Wife*
 Name of Wife or Husband *Ollie R Thraight*
 Father's Name *Wm Spyr Bradley* Father's Birthplace *Caroline Co*
 Mother's Maiden Name *Emily Hopkins* Mother's Birthplace *Caroline Co*
 Name of person giving information *Vernon S Bradley* How related to deceased *brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *18 mos*
 Immediate *The Same* How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. Ross Myers*Address *Hurlock Md*

Accident or Suicide?

